

DEAN SIMMONS SCHOLARSHIP APPLICATION

Name:		Phone:		
Address:	City:	State:	Zip:	
Intended major area of intere	st:			
Intended secondary school or	college:			
Have you applied and been a	ccepted:			
	G TOPICS & ATTACH YOUR RESPO D INCLUDING YOUR NAME ON EA		ATION. PLEASE TYPE	
	how has your community helped y furthering your education, what do		_	
-	e to you, please list any recent invo most important to you? List any st			
	ease list in order of importance to you any school, community or organizational awards and cognition received beginning with your junior and senior years in high school and/or college years.			
-	e to you, please list extra -curriculars in high school and/or college year		rticipated in during your	
	Parkston Area Foundation must be heir names released to the local me		al enhancement. The	
Signature:		Date:		

APPLICATIONS MUST BE POSTMARKED BY MARCH 31 AND MAILED TO: PARKSTON AREA FOUNDATION – PO BOX 823 – PARKSTON, SD 57366 OR EMAILED TO INFO@PARKSTONAREAFOUNDATION.COM. GRANTS ARE DISBURSED UPON PROOF OF ENROLLMENT.