

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 so			
	importance to you any school, con beginning with your junior and sen	•		
*	e to you, please list extra -curriculars in high school and/or college year		rticipated in during your	
	Parkston Area Foundation must be neir 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. GRANTS ARE DISBURSED UPON PROOF OF ENROLLMENT.