

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC.  
2023/24 SCHOOL YEAR**

**ALL FIELDS AND SIGNATURES MUST BE COMPLETED TO BE ELIGIBLE.**

**If you are awarded a scholarship, you will be notified by Dacotah Bank via US Mail. For recipients of the award, a thank you note will be REQUIRED to be received by the Board no later than July 1.**

1. Name in full \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
2. Complete **Permanent Mailing** address (Street or Box) \_\_\_\_\_  
(City, State, Zip Code) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Personal Email Address (not high school) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ U.S. Citizen \_\_ Yes \_\_ No (if No – **STOP**, You MUST be a US Citizen to apply)  
South Dakota resident \_\_ Yes \_\_ No (if No – **STOP**, You MUST be a SD resident to apply)
4. Identification of Parent/Guardian (please complete both a & b or provide a reason for only completing one):
  - a. Name \_\_\_\_\_  
Present address or date of death \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_
  - b. Name \_\_\_\_\_  
Present address or date of death \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_
5. Name of school or college you plan to attend: \_\_\_\_\_
6. Major subjects of study: \_\_\_\_\_ Minor: \_\_\_\_\_
7. Name and complete address of high school currently attending:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_
8. Date of high school graduation: \_\_\_\_\_
9. SAT Score \_\_\_\_\_ OR ACT Score \_\_\_\_\_ OR Other (explain) \_\_\_\_\_
10. **ATTACH AN OFFICIAL HIGH SCHOOL TRANSCRIPT – FALL/2<sup>ND</sup> QUARTER GRADES MUST BE INCLUDED (ORIGINAL SIGNATURE AND/OR SEAL REQUIRED)**
11. Give names of the three individuals who wrote recommendation letters for you: (FROM A CURRENT PROFESSOR, TEACHER, EMPLOYER, ETC. **RECOMMENDATIONS FROM FAMILY MEMBERS WILL NOT BE ACCEPTED**)
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
12. Please write a brief autobiography (do not exceed 200 words) describing your experiences to date and indicating, at the end, your hopes and plans for the future.
13. Have you applied for a Hatterscheidt Fdn. Scholarship at more than 1 school/college/university? \_\_ Yes \_\_ No  
If yes, please give school name(s): \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**APPLICATION FOR 2023-2024 EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC. – FINANCIAL INFORMATION**

Applicant's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

I/We have completed the Application for Federal Student Aid. Yes  
No (STOP-must complete to be eligible)

Parents' 2021 Adjusted Gross Income (Line 37 – Form 1040)  
*(includes salary, wages, dividends, interest, business profits and any other taxable income)*

\$0-25,000	\$50,000-75,000	\$100,000-125,000	\$150,000-175,000
\$25,000-50,000	\$75,000-100,000	\$125,000-150,000	\$175,000-& Above

Parents' Asset Information (Per Section 5 Financial Information Tab-Application for Federal Student Aid):  
*Includes cash, savings, checking, savings accounts, real estate and investments (not home) less real estate or investment debt (not home), business value less debt, and investment farm value less debt (not family farm).*

\$0-50,000	\$100,000-150,000	\$250,000-300,000	\$500,000 & Above
\$50,000-75,000	\$150,000-200,000	\$300,000-400,000	
\$75,000-100,000	\$200,000-250,000	\$400,000-500,000	

Parents' 2021 Filing Status:      Married filing joint return  
   Married filing separately  
   Qualifying widow with dependent child  
   Head of Household  
   Did not file

Applicant's immediate household consists of (Check All that Apply): Father  
Mother  
Brothers (# \_\_\_\_\_)  
Sisters (# \_\_\_\_\_)  
Other (list) \_\_\_\_\_

Number of family members attending college in 2023/2024: \_\_\_\_\_

Please list all scholarships and amounts received to date: \_\_\_\_\_

Please note any other pertinent information that may reflect need for financial assistance to provide for college expenses of applicant: \_\_\_\_\_

**THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY THE HATTERSCHEIDT FOUNDATION, BUT IS NECESSARY TO ASSURE THAT SCHOLARSHIP RECIPIENTS MEET THE FINANCIAL NEED CRITERIA.**

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**2023-2024**

**LETTER OF RECOMMENDATION**

**TO**

**THE HATTERSCHEIDT FOUNDATION, INC.**

(To be a thoughtful appraisal of the applicant, his/her strong and weak points, his/her character, personality, abilities, emotional stability, adaptability to new conditions, his/her seriousness of purpose, and his/her probability of success in further study.)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Do you recommend college training for applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", state your reasons:

Length of time this applicant has been personally known by the undersigned: \_\_\_\_\_

Relationship, if any, of the undersigned to this applicant (may not be a family member): \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Position or Title: \_\_\_\_\_ Date: \_\_\_\_\_

**2023-2024**

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