

Osmann Family Native American Scholarship



Allan and Adeline Osmann established this award in 1998 to help high school graduates of Native American descent pursue higher education. The Osmanns had many community interests, but they were most enthusiastic about supporting children and education. This scholarship is one way they can do both.

Allan and Adeline enjoyed more than fifty years of marriage. They had two daughters — Kathryn and Susan — whom they raised in Sioux Falls. A World War II veteran, Allan worked for the United States Postal Service for 36 years. The couple served at St. John American Lutheran Church where they were members.

Allan passed away in January 2004. But the words he wrote when he and Adeline established this scholarship fund express a heart full of thanks for the community he and his family called home. “We established this endowment in appreciation of having spent most of our lives here and having raised our family here. We plan to benefit future Sioux Falls area generations,” he writes. Because of the Osmanns foresight and generosity, this scholarship is sure to do just that. For good, for ever.

APPLICANTS MUST —

- *Be an enrolled member of a Native American tribe.*
- *Be a high school senior graduating from an accredited South Dakota high school.*
- *Plan to attend a college in the South Dakota university system or a vocational or technical school in Sioux Falls, Watertown, Mitchell, or Rapid City.*
- *Have a GPA of 2.5 or higher after seven semesters of high school.*
- *Have the desire and ability to succeed in further academic study.*
- *Have participated in extra-curricular or community activities.*
- *Financial need is only considered in cases of a tie between two qualified applicants.*

AWARD: \$1,000
DEADLINE: March 15, 2014

NOTE: Outdated applications will not be accepted. Check the application deadline printed above to ensure this form is eligible for consideration. Extra copies may be made. Photocopy on one side of paper only.

Application Submission Instructions

To be eligible for consideration, your application must be submitted on a current application form and be signed.

- Scholarship Application. Attach separate sheets of paper to respond to section IV, Extra Curricular and Community Activities; Section V, Work Experience; and Section VI, an Essay. Your essay is the most important evaluation criterion for this award.
- Application Certification Form. Your school principal, advisor/counselor, or registrar must complete this form.
- Recommendation Forms (2). Before asking someone to complete a recommendation on your behalf ask whether that person is serving on the selection panel. Under no circumstances may family members or selection panel members serve as your references. Applicants who use family or selection panel members will be disqualified. You will submit two recommendation forms, one from a teacher or administrator and one from an adult who knows you well.

Please note —

- Your application will be duplicated for a selection committee. Photocopy and write on only one side of each sheet of paper.
- Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- Subject to the availability of funds, this award may be renewable for up to three additional years, for a total of four years of support. Students must maintain enrollment and a 2.5 GPA to be considered.
- If you have questions about this application, please call the Scholarship Administrator at SFACF, (605) 336-7055, ext. 20.
- Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Your submission must be postmarked no later than March 15. Send to —

SIoux FALLS AREA COMMUNITY FOUNDATION
Osmann Family Native American Scholarship Committee
200 N. Cherapa Place
Sioux Falls, SD 57103

Osmann Family Native American Scholarship Application

Please type or print responses in black ink and complete all sections.

I. STUDENT INFORMATION			
Student's name	_____	_____	_____
	last	first	middle
Permanent address	_____	_____	Phone no. _____
	street	city	state zip
Parent or guardian name	_____	_____	
	last	first	
Permanent address	_____	_____	
	street	city	state zip
Student is an enrolled Native American Tribal Member.			
<input type="checkbox"/>	Yes		
<input type="checkbox"/>	No		
Name of school you plan to attend	_____		
School is a			
<input type="checkbox"/>	Four-year academic college or university		
<input type="checkbox"/>	Vocational or technical school		

Please address the following using additional sheets of paper where applicable. (Use one side of paper only.)

II. APPLICATION CERTIFICATION FORM (Use form provided)

III. LETTERS OF RECOMMENDATION (Use forms provided)

Applicants are required to submit two recommendations. One from a school teacher or administrator, and one from an adult who knows you well. Under no circumstances may family or selection panel members serve as your references.

IV. EXTRA-CURRICULAR AND COMMUNITY ACTIVITIES

List the extra-curricular and community activities you have participated in during your high school years, any offices held and/or awards received, and year(s) of involvement.

V. WORK EXPERIENCE

Describe paid work experience and/or volunteer work you have had in the past four years. List position, employer, and dates of employment.

VI. ESSAY

Write an essay of no more than 500 words describing your educational plans and career goals and your reasons for furthering your education.

Osmann Family Native American Scholarship Application

VII. FINANCIAL INFORMATION

Estimate of Annual Educational Expenses		Sources of Annual Support	
Tuition and fees	\$ _____	Personal savings	\$ _____
Books and supplies	\$ _____	Personal employment	\$ _____
Room and board	\$ _____	Family sources	\$ _____
Personal expenses	\$ _____	Financial aid	\$ _____
Other expenses (list)		Scholarships applied For.	
		<i>(Please circle any scholarship award that you have received.)</i>	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total expenses \$ _____		Total support \$ _____	

VIII. SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

IX. CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge and that I am not related to any member of Sioux Falls Area Community Foundation's staff or Board of Directors. If selected for this award, SFACF is authorized to publish my photograph and name on its website, publications, and advertisements.

Applicant's signature

Date

Consenting parent or guardian's signature

Date

Submit this application and all required forms by March 15 to:

SIOUX FALLS AREA COMMUNITY FOUNDATION
Osmann Family Native American Scholarship Application
200 N. Cherapa Place
Sioux Falls, SD 57103

Osmann Family Native American Scholarship

of the
SIOUX FALLS AREA COMMUNITY FOUNDATION

Application Certification Form

To be completed by the applicant's high school principal, advisor/counselor, or registrar and returned to the applicant as soon as possible. Applications are due March 15.

Please type or use black ink.

Name of applicant _____

Address of applicant _____

Name of high school _____

Address of high school _____

Is this student an enrolled Native American tribal member? Yes No

At the close of the seventh semester, the applicant's class rank was _____ in a class of _____.

At the close of the seventh semester, the applicant's GPA (4.0 scale) was _____.

Does your school offer advance placement courses? Yes No

Is this student enrolled in any? Yes No

If yes, please list.

Signature

Date

Print or type name

Telephone

Title

*If you have questions, please call the Scholarship Administrator at the
Sioux Falls Area Community Foundation, (605) 336-7055.*

Osmann Family Native American Scholarship Recommendation Form

Applicant's name _____

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- Please do not write or type on back side of this paper.
- Attach additional sheets of paper if necessary.
- When finished, place form in a sealed envelope and write your name across the seal.
- Return to applicant as soon as possible. Applications are due March 15.

Please type or use black ink.

1. How long have you known the applicant?
2. How have you been acquainted with this applicant?
3. What qualities make this applicant a good candidate for this scholarship?
4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

Signature

Address

Print or type name

City

State

Zip

Title (if school official)

Telephone

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