**Tribal Workers Charitable Foundation Application**

**for Academic Scholarship**

The Tribal Workers Charitable Foundation, (TWCF), was established to assist members of participating Tribes to be successful in post-secondary education. This is our first scholarship disbursement. We plan on giving out $3,000 each to 10 applicants. We are limiting the scholarships to students who will graduate in Spring or Summer 2021. The funds will be sent to the student and can be used in any way needed to help graduate.

The information requested below must be sent electronically or by fax to: [kellyinsurance@midconetwork.com](mailto:kellyinsurance@midconetwork.com), FAX (701) 323-7816 **no later than November 30, 2020.** If you have questions call (701) 323-7814 or send us an e-mail. Winners will be notified by December 18, 2020.

**Criteria:**

1. You must be a Member of one of the following Tribes or a student at Oglala Lakota College: Rosebud Sioux Tribe; Cheyenne River Sioux Tribe; Lower Brule Sioux Tribe; Sisseton Wahpeton Oyate, or; Standing Rock Sioux Tribe. **Attach proof of Tribal membership/enrollment.**
2. You must be scheduled to graduate in the Spring or Summer of 2021 with an Associates or Bachelor’s degree from a post-secondary institution. **Attach a letter from your academic advisor or registrar stating when you are scheduled to graduate.**
3. **Attach a transcript or a letter from the school’s Registrar with your grade point average**.
4. Provide 3 letters of recommendation, sent by email to [kellyinsurance@midconetwork.com](mailto:kellyinsurance@midconetwork.com) **no later than November 30th 2020**. Please provide the phone number, full name, and contact information available for each person**.**

1. **Attach a one-page essay including the degree you are pursuing and your plans to use that degree. Please also include at least one photograph of yourself.**

By your signature below you agree that, if you are awarded a scholarship: 1) you will provide evidence in writing that any funds distributed to you will be used for the specific purpose set forth in this application; 2) the TWCF is authorized to use any of the information set forth in this application, including your photograph, for public relations purposes, and; 3) you will provide the TWCF with follow-up information detailing your graduation and post-graduation status.

Name:

Address:

Tribal Affiliation:

Phone: E-mail:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: