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 third annual scholarship disbursement. We plan to award $2,500 each to 54 student applicants in 2023 The funds will be sent to the student and can be used in any way needed to help further that student’s education.

The information requested below must be sent electronically or by fax to: kellyinsurance@midconetwork.com, FAX (701) 323-7816.If you have questions call (701) 323-7814 or send us an e-mail.

# Criteria:

1. You must be a member of one of the following Tribes (or a tribal student at Oglala Lakota College, or Sinte Gleska University): 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. **(Not required if submitted in connection with a previous scholarship application).**
2. You are enrolled as a student in pursuit of a Certificate, Associate, Bachelor, or Master’s degree from a post-secondary institution. Attach a letter from your academic advisor or registrar confirming your enrollment.
3. Provide a letter of recommendation that is specific to your qualifications for receiving this scholarship, sent by email to kellyinsurance@midconetwork.com. Please provide the phone number, full name, and contact information available for each person**. (Not required if provided in connection with a previous scholarship application).**
4. Attach a one-page essay including the course of study/training you are pursuing and your plans to use that degree/certification. Please also include at least one photograph of yourself. **(Not required if provided in connection with a previous scholarship application).**
5. Contact information, including your email address and postal mailing address, must be provided or your application will not be considered.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_