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 **Cancer Survivor**

**Scholarship Application**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Street) (City) (State) (Zip)

School Attending: Dakota State University**

**Please List below the following:**

**Church Activities:**

**Community Involvement:**

**Applications MUST be sent electronically to** **madisoneducationalfoundation@k12.sd.us**