



## **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](mailto:madisoneducationalfoundation@k12.sd.us)**

**Application due date is April 5<sup>th</sup>, 2019**