



Brian Craig Night Pipe Memorial Scholarship

Applicant Name: _____

Address: _____
(Street) (City) (State) (Zip)

School of Choice _____

Course of Study _____

Are you an enrolled tribal member and/or have one or more indigenous parents or grandparents who are? _____

Please attach resume with:

- Career/Education Goals
- Summary of high school honors, school activities, and community service
- Employment History

Please complete an application and a 250- word essay that include the following-

Why you value your indigenous identity and who your people are & What your educational plans are and why (what you are good at; what you care about; whom you want to help)

Applications **MUST** be sent electronically to

madisoneducationalfoundation@k12.sd.us