



Pierre Educational Foundation

“Partnership in Academic Excellence”

PO Box 94
Pierre, SD 57501
Phone: (605) 224-9016
Fax: (888) 425-3032

The Spilde Family Scholarship

Name: _____ Phone: _____

Home Address: _____

Email Address: _____

Parent's Name: _____

Occupation: (Father) _____ (Mother) _____

Name of college/university/ technical school that you are planning to attend:

Have you made application? _____ Have you been accepted? _____

Write a brief paragraph on “Why you feel you would be a deserving recipient of this scholarship.”

**Application due in the Guidance Office by March 23, 2018.
Please include a copy of your high school transcript**

The \$1,000 check will be deposited with the appropriate college upon written notification that the scholarship recipient has enrolled.