



January 15, 2016

Dear Student:

The Hatterscheidt Foundation generously awards scholarships to qualified applicants who plan to enroll at Augustana University for the 2016-2017 academic year. This year, the Hatterscheidt Foundation is providing 5 \$2,000 scholarships to Augustana.

To be considered for a Hatterscheidt Scholarship, you must meet all of the following criteria:

- Be a resident of South Dakota and graduate from a SD high school,
- Have an average minimum high school GPA of 3.0 on a 4.0 scale,
- Be accepted for admission to Augustana University
- Be enrolled in a minimum of 12 credit hours per semester once classes begin, and
- Show financial need and apply for federal student aid using the 2016-2017 Free Application for Federal Student Aid (FAFSA). You can apply online at [www.fafsa.gov](http://www.fafsa.gov).

If you meet all of the above criteria, we invite you to apply for one of these scholarships. Please complete the enclosed application, write a brief autobiography (see Item 11 on the application), attach a copy of your high school transcript, and secure **three** letters of recommendation.

Please return the entire application along with the supplemental materials by March 14, 2016, to fax number 605.274.5295 or by mail to:

Augustana University  
Financial Aid Office  
2001 S Summit Ave  
Sioux Falls, SD 57197

The Augustana University Scholarship Committee will review the applications and forward recommendations to the Hatterscheidt Foundation for final consideration.

If you have any questions, feel free to contact the Augustana Financial Aid Office at 605.274.5216.

Sincerely,

Kelly Lang  
Scholarship Coordinator

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC. – FINANCIAL INFORMATION**

Applicant's Name:

Parent's Names:

I/We have completed the Application for Federal Student Aid. Yes   
No  (STOP-must complete to be eligible)

Parents' 2015 Adjusted Gross Income (Line 37 – Form 1040)  
*(includes salary, wages, dividends, interest, business profits and any other taxable income)*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$0-25,000      | <input type="checkbox"/> \$50,000-75,000  | <input type="checkbox"/> \$100,000-125,000 | <input type="checkbox"/> \$150,000-175,000 |
| <input type="checkbox"/> \$25,000-50,000 | <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$125,000-150,000 | <input type="checkbox"/> \$175,000-& Above |

Parent's Asset Information (Per Section 5 Financial Information Tab-Application for Federal Student Aid):  
*Includes cash, savings, checking, savings accounts, real estate and investments (not home) less real estate or investment debt (not home), business value less debt, and investment farm value less debt (not family farm).*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$0-50,000       | <input type="checkbox"/> \$100,000-150,000 | <input type="checkbox"/> \$250,000-300,000 | <input type="checkbox"/> \$500,000 & Above |
| <input type="checkbox"/> \$50,000-75,000  | <input type="checkbox"/> \$150,000-200,000 | <input type="checkbox"/> \$300,000-400,000 |  |
| <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$200,000-250,000 | <input type="checkbox"/> \$400,000-500,000 |  |

Parents' 2015 Filing Status:  Married filing joint return  
 Head of Household  
 Qualifying widow with dependent child

Applicant's immediate household consists of (Check All that Apply):

Father	<input type="checkbox"/>	
Mother	<input type="checkbox"/>	
Brothers	<input type="checkbox"/>	(# <input type="checkbox"/> )
Sisters	<input type="checkbox"/>	(# <input type="checkbox"/> )
Other (list)	<input style="width: 150px;" type="text"/>	

Number of family members attending college in 2016/2017:

Please list all scholarships and amounts received to date:

Please note any other pertinent information that may reflect need for financial assistance to provide for college expenses of applicant:

**THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY THE HATTERSCHEIDT FOUNDATION, BUT IS NECESSARY TO ASSURE THAT SCHOLARSHIP RECIPIENTS MEET THE FINANCIAL NEED CRITERIA.**

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC.  
2016/17 SCHOOL YEAR  
ALL FIELDS MUST BE COMPLETED TO BE ELIGIBLE**

1. Name in full \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

2. Complete **mailing** address (Street or Box) \_\_\_\_\_ Phone Number \_\_\_\_\_  
(City, State, Zip Code) \_\_\_\_\_  
Personal Email Address (not school) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ If not, explain status \_\_\_\_\_  
South Dakota resident  Yes  No

4. Identification of Parents:

a. Father's name \_\_\_\_\_  
Present address or date of death \_\_\_\_\_  
Occupation \_\_\_\_\_

b. Mother's name \_\_\_\_\_  
Present address or date of death \_\_\_\_\_  
Occupation \_\_\_\_\_

5. Name of school(s) or college(s) you plan to attend: \_\_\_\_\_

6. Major subjects of study: \_\_\_\_\_ Minor: \_\_\_\_\_

7. Name and complete address of high school attending:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_

8. Date and Place of graduation: \_\_\_\_\_

9. ATTACH COPY OF AN OFFICIAL HIGH SCHOOL TRANSCRIPT

10. Give names and addresses of three references:

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

11. Please write a brief autobiography (do not exceed 200 words) describing your experiences to date and indicating, at the end, your hopes and plans for the future.

12. Have you applied for a Hatterscheidt Fdn. Scholarship at more than 1 school?  Yes  No  
If yes, please give school name(s): \_\_\_\_\_

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

LETTER OF RECOMMENDATION

TO

THE HATTERSCHEIDT FOUNDATION, INC.

(To be a thoughtful appraisal of the applicant, his/her strong and weak points, his/her character, personality, abilities, emotional stability, adaptability to new conditions, his/her seriousness of purpose, and his/her probability of success in further study.)

Name of Applicant:

Address:

Do you recommend college training for applicant? Yes  No

If "YES", state your reasons:

Length of time this applicant has been personally known by the undersigned:

Relationship, if any, of the undersigned to this applicant (may not be a family member):

Signed: \_\_\_\_\_ Position or Title:  Date:

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