

Scholarship Application Information

ELIGIBILITY REQUIREMENTS

1. The applicant must have participated in South Dakota amateur hockey for at least five years
2. The applicant must play for a South Dakota team.
3. The applicant must be a high school senior with a cumulative GPA of 3.2 or higher
4. The applicant must never have been assessed a match penalty or must not currently be under a league suspension

FILLING OUT THE APPLICATION

The STMF requires a portfolio from each applicant. The portfolio must contain:

1. Completed application form
2. Resume of the applicant's academic achievements, community service, and volunteerism.
3. Complete high school transcripts through the first semester of the player's senior year
4. Reference letters (2) from an officer or board member of the applicant's current hockey organization and a teacher or school administrator at the applicant's high school
5. Essay with a maximum of 400 words

The STMF is looking for young men and women who display high academic achievements, leadership skills, and strong examples of community service. Athletic achievements are also strongly considered. Any examples of the categories mentioned above should be listed in the applicant's resume.

The essay should detail either the community service projects the applicant has performed and how it has made the applicant a better person or how hockey has impacted the applicant's life and family.

THE PROCESS

1. The deadline for the applications will be February 21, 2019. They should be sent via email or regular mail to:

Jeff Smith
CorTrust Bank
100 E. Havens St.
Mitchell, SD 57301
jsmith@cortrustbank.com

2. Award winners and amounts will be determined by the STMF executive board, with the help of a committee made up of South Dakota educators, business leaders, members of the South Dakota hockey community and the Tronnes family.

3. The award winners must maintain a 2.5 GPA during their first semester of post-secondary education. The award will be paid in full upon receipt of first semester transcripts verifying this information.



Application

NAME:

(First) (Last)

ADDRESS:

(Street)

(City) (State)

(Zip)

EMAIL:

PARENT/GUARDIAN INFO:

(Name)

(Email address)
(Phone number)

YEARS IN HOCKEY IN SOUTH DAKOTA: _____

HOCKEY ASSOCIATION:

HIGH SCHOOL:

POST HIGH SCHOOL PLANS:



SAM TRONNES
MEMORIAL FOUNDATION

