

# Kimberly Rose Means Native American Council of Tribes Scholarship



This scholarship was established in 1997 to honor the memory of eleven-year-old Kimberly Rose Means, who died in a tragic car accident in June 1981 on her way to participate in the annual Freedom Run at the South Dakota State Penitentiary.

Kimberly lived on the Pine Ridge Reservation and attended the Little Wound School. She was a sweet, laughing child with a pure spirit that held an unrestrained faith in the hopes and dreams of herself and her people. The intensity of her belief is legendary among the proud people of the Great Sioux Nation — she died a young girl who believed in freedom and commitment to one's dreams.

Among the Sioux people, Kimberly symbolizes all that is good and honorable. She knew that the price of a dream worth having is the cost of seeing that dream realized.

## *APPLICANTS MUST—*

- *Be graduating high school seniors who are enrolled members of a South Dakota Native American tribe or South Dakota tribal members who are returning to school after an absence.*
- *Plan to attend an accredited college, university, or vocational school.*
- *Have a cumulative GPA of 2.0 or higher.*
- *Have participated in school and community activities (only applies to high school seniors).*
- *Have the desire and ability to accomplish his or her goals.*

Award: \$500  
Deadline: March 15, 2015

NOTE: Outdated applications will not be accepted. Check the application deadline printed above to ensure this form is eligible for consideration. Extra copies may be made. Photocopy on one side of paper only.

## Application Submission Instructions

*To be eligible for consideration, your application must be submitted on a current application form and be signed by you and your parent or guardian.*

- Scholarship Application. Attach separate sheets of paper to respond to Section III, Extra Curricular and Community Activities; Section IV, an Essay; and Section VI, Special Circumstances.
- Recommendation Forms (1). Before asking someone to complete a recommendation on your behalf ask whether that person is serving on the selection panel. Under no circumstances may family members or selection panel members serve as your references. Applicants who use family or selection panel members will be disqualified. High school seniors will submit one recommendation from a high school teacher or administrator. Individuals who are not high school seniors will submit one recommendation from an adult who can attest to your ability to achieve goals.
- Official High School Transcript. Attach a copy of your official high school transcript to this application. The transcript must include your GPA, Class Rank, and ACT or SAT score. If you are a graduating senior, the transcript must include seven semesters. If you are returning to school after an absence, the transcript must include eight semesters.

*Please note —*

- Your application will be duplicated for a selection committee. Photocopy and write on only one side of each sheet of paper.
- Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- If you have questions about this application, please call the Scholarship Administrator at the SFACF, (605) 336-7055, ext. 20.
- Your submission must be postmarked no later than March 15. Send to —

SIoux FALLS AREA COMMUNITY FOUNDATION  
Kimberly Rose Means NACT Scholarship  
200 N. Cherapa Place  
Sioux Falls, SD 57103

# Kimberly Rose Means Native American Council of Tribes Scholarship Application

*Please type or print responses in black ink and complete all sections.*

## I. STUDENT INFORMATION

Student's name \_\_\_\_\_  
last first middle

Permanent address \_\_\_\_\_ Phone no. \_\_\_\_\_  
street city state zip

Parent or guardian name(if applicable) \_\_\_\_\_  
last first

Permanent address \_\_\_\_\_  
street city state zip

I am ☐ Graduating from high school ☐ Returning to college after an absence

Name of high school (currently attending or graduated from) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Principal's name \_\_\_\_\_ Phone no. \_\_\_\_\_

Name of tribe \_\_\_\_\_ Tribal enrollment no. \_\_\_\_\_

Name of tribal contact for enrollment verification \_\_\_\_\_

Phone no. \_\_\_\_\_

Name of school you plan to attend \_\_\_\_\_

*Please address the following using additional sheets of paper where applicable. (Use one side of paper only.)*

## II. LETTER OF RECOMMENDATION (Use form provided)

High school seniors are required to submit one recommendation from a high school teacher or administrator. Individuals who are not high school seniors are required to submit one recommendation from an adult who can attest to your ability to achieve goals. Under no circumstances may family or selection panel members serve as your references.

## III. EXTRA-CURRICULAR AND COMMUNITY ACTIVITIES (FOR GRADUATING SENIORS ONLY)

List organizations and activities you have participated in during your high school years, any offices held and/or awards received, and year(s) of involvement.

## IV. ESSAY

In 250 words or less, describe your educational goals.

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## V. FINANCIAL INFORMATION

Estimate of Annual Educational Expenses		Sources of Annual Support	
Tuition and fees	\$ _____	Personal savings	\$ _____
Books and supplies	\$ _____	Personal employment	\$ _____
Room and board	\$ _____	Family sources	\$ _____
Personal expenses	\$ _____	Financial aid	\$ _____
Other expenses (list received.)  _____ \$ _____ _____ \$ _____ _____ \$ _____		Scholarships applied For. (Please circle any scholarship award that you have received.)  _____ \$ _____ _____ \$ _____ _____ \$ _____	
Total expenses \$ _____		Total support \$ _____	

## VI. SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

## VII. OFFICIAL HIGH SCHOOL TRANSCRIPT

Attach transcript of all classes completed (seven semesters) to the application form. The transcript must include your GPA, Class Rank, and ACT or SAT score.

## VIII. CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge and that I am not related to any member of Sioux Falls Area Community Foundation's staff or Board of Directors. If selected for this award, SFACF is authorized to publish my photograph and name on its website, publications, and advertisements.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consenting parent or guardian's signature

\_\_\_\_\_  
Date

*Submit this application and all required forms by March 15 to:*

SIOUX FALLS AREA COMMUNITY FOUNDATION  
Kimberly Rose Means NACT Scholarship  
200 N. Cherapa Place  
Sioux Falls, SD 57103

# Kimberly Rose Means Native American Council of Tribes Scholarship Recommendation Form

Applicant's name \_\_\_\_\_

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- Please do not write or type on back side of this paper.
- Attach additional sheets of paper if necessary.
- When finished, place form in a sealed envelope and write your name across the seal.
- Return to applicant as soon as possible. Applications are due March 15.

1. How long have you known the applicant?
2. How have you been acquainted with this applicant?
3. What qualities make this applicant a good candidate for this scholarship?
4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Title (if school official)

\_\_\_\_\_  
Telephone

*If you have questions, please call the Scholarship Administrator at the  
Sioux Falls Area Community Foundation, (605) 336-7055.*