

## ERIN JORGENSON MEMORIAL SOFT-SIB SCHOLARSHIP

### Qualifications

1. Must have/have had a sibling with Trisomy 18, Trisomy 13, or a Related Disorder.
2. Family must be current SOFT members.
3. Applicant must be entering at least 2<sup>nd</sup> year of college, university, or technical school.
4. Attendance at the upcoming SOFT Conference is desirable but not mandatory.
5. Past recipients are not eligible to reapply.

### Deadline

Applications and accompanying materials must be postmarked by June 1 of the current year. Applicants are encouraged to submit applications early, so if any needed material is missing, it can be corrected before the deadline.

### Presentation

The \$500 Scholarship award will be announced and presented at the upcoming SOFT Conference. The money will be given directly to the recipient to be used as needed:

- a. Tuition and fees required to enroll or attend an educational institution, OR
- b. Fees, books, supplies, and equipment required for courses of instruction.

If the recipient is unable to attend the SOFT Conference, the check will be mailed to him/her.

### Application

Copies may be made of the following application, or to receive a printable application online e-mail Gloria Jorgenson at [Gloriajayne1957@gmail.com](mailto:Gloriajayne1957@gmail.com) Questions may be e-mailed or call Gloria at 605-881-4116

# ERIN JORGENSON MEMORIAL SOFT-SIB SCHOLARSHIP APPLICATION

## I. Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Career Goal \_\_\_\_\_

\_\_\_\_\_

Extracurricular Activities, Volunteer Activities, Work History \_\_\_\_\_

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## II. Academic Information

School you will be attending \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(admissions office) \_\_\_\_\_

Anticipated Graduation Date(month/year) \_\_\_\_\_

III. SOFT Sibling Information and Essay

SOFT Sibling Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Please attach an essay of no more than 600 words about your SOFT Sibling and the impact he or she had on your life.

IV. Please include two signed letters of recommendation. These may be from employers, instructors, church contacts, etc.; not family members.

V. Application Certification, Signature and Date

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I hereby grant permission for the scholarship committee to contact my references and/or school if necessary, and if granted this Scholarship I agree to the publication of my name and likeness.

Applicant's Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

Mail completed application, postmarked no later than June 1, of the current year, to

Kim and Gloria Jorgenson  
10 High Plains Ave  
Waubay, SD 57273

Be sure to include with the signed and dated application:

- Your essay AND
- Your two letters of recommendation