Edith "Ede" Magedanz Registered Nurse Scholarship Application

A $1,000 scholarship will be awarded to a graduating High School Senior from Codington County, Deuel County, Grant County, Hamlin County or Roberts County in South Dakota and Traverse County, Minnesota, pursuing a Registered Nursing degree at a fully accredited South Dakota post-secondary institution of higher learning. The scholarship award will be paid following the successful completion of their first year and registration for their second year for students attending an accredited South Dakota school of higher education.

Edith "Ede" Magedanz was born on March 24, 1926, in Browns Valley, MN. Her mother passed away when she was seven years old. Ede graduated from Browns Valley High School in 1944. She was able to further her education through the U.S. Army Cadet Nurse Program.

The Bolton Act of 1943 established the U.S. Army Cadet Nurse Program started by President Franklin Roosevelt because of nurse shortages during WWII. Ede was always very grateful for this program which allowed her to receive an education as a Registered Nurse. She graduated from the Bartron Hospital School of Nursing in June, 1948.

Ede was united in marriage to Arthur Magedanz on November 11, 1948. They farmed near Revillo, SD. Ede and Art had four children. Ede worked side by side with Art on the farm while also maintaining her 50 year nursing career. Art was always supportive of Ede's nursing career. He passed away on July 23, 2016. Ede passed away on May 27, 2020.

Application for the Edith "Ede" Magedanz Registered Nurse Scholarship

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

High School Name/City: _____

High School Grade Point Average: _____

Parent's or Guardian's Names:

_____

_____

Phone Number(s):
Cell: _____   Home: _____

Number of children in family and their ages: _____

Number of family members who will be in college next fall: _____

Father's Occupation (if employed): _____

Mother's Occupation (if employed): _____

College attending: _____

College cost per year: _____ Intended Degree: _____

Have you or will you apply for any other student aid or grant(s)? Yes _____ No _____

List all scholarships received by applicant and their value:

For the following 4 questions, please feel free to attach additional pages for your written responses referencing the corresponding question.

Please list participation during your school years in any extracurricular (sports, band, etc.) or club based activities (4-H, scouting, karate, dance, etc.) AND any awards or recognition received for this participation.

Please list any involvement within your community, work experience, and/or volunteer activities.

Please describe why you wish to pursue a degree in nursing?

Please explain why this scholarship is important to you and how it will help you achieve your goals?

Attach one personal reference from a non-relative. This may come from a teacher, administrator, employer, club advisor, volunteer coordinator or faith leader.

I certify that to the best of my knowledge all information provided in the application is true and complete.

Signature: _____ Date: _____

Please return this application and attachments to:

Watertown Area Community Foundation, PO Box 116, Watertown, SD, 57201 by _March 4th._
Email development@watertowncommunityfoundation.org with any questions.