

Fool Soldier Scholarship



Two white women and eight children from Lake Shetek, Minn. were taken captive during the Dakota Conflict in 1862. They were rescued three months later by ten Teton Lakota young men known as the Fool Soldiers. The Fool Soldiers, at some risk to their lives, traded their own horses, guns, and other goods for the release of the captives.

They then transported them more than 100 miles to Fort Pierre, SD in November weather to release them to government officials. The Fool Soldiers were never compensated for their goods used in ransom, nor fully recognized for their deeds.

This scholarship fund was established for descendants of the Fool Soldiers by relatives of the white captives they rescued. Del Iron Cloud, a well-known Indian artist, has painted a scene of that rescue entitled "Going Home." Sale of the print funds the scholarship awards.

APPLICANTS MUST —

- ◆ *Have proof of descandancy from one or more of the Fool Soldiers.*
- ◆ *Have a GPA of 2.0 or higher.*
- ◆ *Be planning to attend an accredited college, university, or technical school.*
- ◆ *Have financial need.*

AWARD: \$500

APPLICATION DEADLINE: March 15, 2008

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 Outdated applications will not be accepted.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

Keep This Information For Your Records

To be eligible for consideration, you must submit —

- Scholarship Application. You will attach separate sheets of paper to respond to Section III, an Essay.
- Certificate Of Descendancy. Your Tribal Father must sign your completed form.
- Official High School Transcript. You will submit an official high school transcript.

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.
- Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Your submission must be postmarked no later than March 15. Send to —

SIOUX FALLS AREA COMMUNITY FOUNDATION
Fool Soldier Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

Fool Soldier Scholarship Application

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)		◆ Scholarships applied for	
_____	\$ _____	(list)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total expenses	\$ _____	Total support	\$ _____

Please circle any scholarship award that you have received.

VI. SPECIAL CIRCUMSTANCES

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

VII. CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge.

Applicant's signature

Applicant's name (print)

Date

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

SIOUX FALLS AREA COMMUNITY FOUNDATION
Fool Soldier Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

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

Certificate of Descendancy

Your full name

For each generation, provide information on the relative descended from the Fool Soldiers. Include maiden names where applicable. If more than one parent or grandparent at each level is a descendent of the Fool Soldiers, photocopy this sheet or use an additional sheet of paper to provide the information in a similar format.

PARENT OF APPLICANT

first last maiden (if applicable)

date of birth place country

date of death (if applicable) place country

GRANDPARENT OF APPLICANT

first last maiden (if applicable)

date of birth place country

date of death (if applicable) place country

GREAT GRANDPARENT OF APPLICANT

first last maiden (if applicable)

date of birth place country

date of death (if applicable) place country

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date of birth place country

date of death (if applicable) place country

GREAT GREAT GREAT GRANDPARENT OF APPLICANT

first last maiden (if applicable)

date of birth place country

date of death (if applicable) place country

I certify that all information on this form is true and complete to the best of my knowledge.

Tribal Father's signature

Tribal Father's name (print)

Date

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