

WALTER N. GRAHAM AND DOROTHY D. GRAHAM SCHOLARSHIP FUND NURSING SCHOLARSHIP PROGRAM

Purpose of the Trust: The Walter N. Graham Nursing Scholarship is established pursuant to the trust agreement of Dorothy D. Graham for the purpose of providing scholarships for **South Dakota residents attending accredited registered nursing programs in South Dakota institutions, public and private.**

Scholarship Committee: A Scholarship Committee consisting of appointees of First Bank & Trust, Sanford Hospital (formerly Sioux Valley Hospital) and the South Dakota Board of Nursing has been established to implement the purpose of the trust, review applications and award scholarships. Decisions regarding recipients, amount, and number of awards will be made at the sole discretion of the Committee.

Eligibility Requirements: Applicants must be enrolled in a South Dakota accredited four (4) year nursing program, must have previously earned 24 semester credits, and maintained a 2.5 or better accumulated GPA. Applicants must be a South Dakota resident. Financial need may be considered.

Procedure for Applications: Requests for scholarship applications as well as completed applications should be mailed to:

First Bank & Trust, Wealth Management Department
Attn: Graham Scholarship Trust
P.O. Box 1347
Sioux Falls, SD 57101-1347

Applications for scholarships must be postmarked no later than June 1, 2021 for consideration for the next school year and must include:

1. Completed for "Application for Scholarship" (copy attached)
2. Current **official** transcript
3. Financial Aid Report (Forms A and B)

*****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED*****

Award Payments: Trustee shall pay the scholarship grant to the recipient's educational institution with instructions to use the funds to defray the recipient's expenses only if the recipient is enrolled and is in good standing with the purposes and conditions of this grant. If the recipient withdraws from the school after receiving a monetary scholarship award, the scholarship will be terminated and refunds, if any, will revert back to the trust.

Renewal of Scholarship: Selection of award winners by the Scholarship Committee is final. The amount of each award shall be determined by the Scholarship Committee in the exercise of its sole discretion and may vary from time to time and need not be consistent with the amount or amounts paid to other students in similar situations.

Amount and Number of Awards: The scholarship committee shall annually, by July 30, provide the trustee with the names of students, their addresses, and the schedule of scholarship awards that each student is to receive for the next school year. The amount available for distribution from the trust varies from year to year as do the number of applicants for scholarship grants.

**WALTER N. GRAHAM AND DOROTHY D. GRAHAM SCHOLARSHIP FUND
FINANCIAL AID REPORT
FORM A – STUDENT STATUS**

STUDENT: Sign and date the release and have the Administrator of the Nursing Program where you are or will be attending school complete the information requested below. Return this form with the general application postmarked by **JUNE 1, 2021**.

RELEASE OF INFORMATION

I authorize the _____ program of nursing to release the information requested below to the Walter N. and Dorothy D. Graham Scholarship Fund Committee for purposes of determining eligibility for scholarship assistance.

Student Signature: _____ Date: _____

ADMINISTRATOR OF NURSING PROGRAM: Please complete the information below and return to the student.

Nursing Education Program: _____

Date Accepted into Nursing Program: _____

Expected date of Graduation: _____

Cumulative Grade Point Average (if applicable): _____

Nursing Status for Upcoming Academic Year:

Freshman _____ Sophomore _____ Junior _____ Senior _____

Comments:

Signature of Nursing Program Administrator

Date

**WALTER N. GRAHAM AND DOROTHY D. GRAHAM SCHOLARSHIP FUND
FINANCIAL AID REPORT
FORM B – FINANCIAL AID INQUIRY**

STUDENT: Sign and date the release and have the Financial Aid Officer where you are or will be attending school complete the information requested below. Return this form with the general application postmarked by **JUNE 1, 2010**.

RELEASE OF INFORMATION

I authorize the _____ financial aid office to release the information requested below to the Walter N. and Dorothy D. Graham Scholarship Fund Committee for purposes of determining eligibility for scholarship assistance.

Student Signature: _____ Date: _____

FINANCIAL AID OFFICER: Please complete the information below and return to student. Include only direct educational expense (tuition, books and fees) in estimated total. Room and board are not considered direct educational expenses.

Estimated direct educational expenses for academic year: _____

Awards are: _____ Estimated _____ Finalized _____

Grants and Loans:	Amount:
Federal Pell Grant	_____
Supplemental Educational Opportunity Grant	_____
Stafford Loan	_____
Perkins Loan	_____
Other _____	_____

Scholarships:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____

Benefits:	Amount:
Veteran's Benefits	_____
Social Security Benefits	_____
Other _____	_____

Employment:

Federal Work Study

Other _____

Family Contribution:

Total Direct Expenses
Minus Total Financial Aid
Unmet Need

Signature of Financial Aid Officer

Date