

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. 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, 2018 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
NURSING SCHOLARSHIP PROGRAM**

Application Deadline: Postmarked June 1, 2018 Educational Institution: _____

Name: _____ Social Security No. _____

Current Address: _____ Permanent Address: _____

Telephone: _____ Telephone: _____

Marital Status: _____ Ages of Dependent Children: _____

Parent/ Guardian/ Spouse: _____ Occupation: _____

Address: _____ Telephone: _____

Name of brothers/ sisters still living in your parent's/guardian's home:

	Name	Age	Married	School/Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Resources available for current academic year. (Please list individually the amounts of all loans, grants, scholarships, Social Security, Vocational Rehabilitation, BIA benefits, etc.) _____

Parent(s)/Guardian(s) anticipated income for the current year: _____

Your Income: _____ Spouse's Income: _____

Education (high school, college, or vocational school):

	Name of Institution	Location	Dates Attended
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you currently employed? _____ Number of hours per week: _____

Recent past employment: _____

Extracurricular: _____

Please provide any pertinent information, which would be helpful in evaluating your need for this scholarship: _____

Describe your reasons for choosing a healthcare profession:

Submit this application along with an **official** complete college transcript and the completed Financial Aid Report Forms A & B by the deadline to: First Bank & Trust, Wealth Management Dept, Attn: Graham Scholarship Trust, P.O. Box 1347, Sioux Falls, SD, 57101-1347 The Scholarship Committee shall consider scholarship, financial need, leadership, initiative, industry, aim, and purpose in evaluating scholarship applicants.

I release any educational records or information necessary to meet the needs of the Scholarship Committee. I understand that I may be called for a personal interview. If so, I will comply with the request. I also declare that the statements contained in this application are to the best of my knowledge true and understand that falsification will be a basis for immediate denial of the award.

Student Signature

Date

**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, 2018.

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