



WEALTH MANAGEMENT SERVICES

January 31, 2022

Office of Financial Aid  
Mount Marty College  
1105 W. 8<sup>th</sup> Street  
Yankton, SD 57078

RE: Walter N. & Dorothy D. Graham Scholarship Applications

Dear Financial Aid Officer:

The Walter N. & Dorothy D. Graham Nursing Scholarship Trust is designed to provide scholarships to students that are South Dakota residents attending accredited four year nursing programs at South Dakota Colleges and Universities.

Enclosed please find the scholarship guidelines describing the purpose and eligibility requirements for this scholarship fund, an application form and Financial Aid Report A & B. Please duplicate these forms as needed.

**Please note that the applications must be submitted/post-marked no later than June 1, 2022 to:**

Kerri Brand  
First Bank & Trust  
P.O. Box 1347  
Sioux Falls, SD 57101-1347

Please call with any questions. My direct phone number is (605) 978-1142

Sincerely,

A handwritten signature in black ink that reads 'Kerri Brand'.

Kerri Brand  
Trust Administrator

Enclosures

## **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/Kerri Brand  
P.O. Box 1347  
Sioux Falls, SD 57101-1347

**Applications for scholarships must be postmarked no later than June 1, 2022** 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, 2022** Educational Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ages of Dependent Children: \_\_\_\_\_

Parent/ Guardian/ Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Applicants Email Address: \_\_\_\_\_

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: \_\_\_\_\_

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Describe your reasons for choosing a healthcare profession:

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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 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, 2022**.

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: \_\_\_\_\_

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**FINANCIAL AID OFFICER:** Please complete the information below and return to student. Include only direct educational expenses (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:	
_____	_____
_____	_____
_____	_____
_____	_____

Benefits:	
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

**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, 2022**.

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: \_\_\_\_\_

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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:

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\_\_\_\_\_  
Signature of Nursing Program Administrator

\_\_\_\_\_  
Date