

**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, 2020**.

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, 2020**.

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 education expenses (tuition, books and fees) in estimated total. Room and board are not considered direct education 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

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

Application Deadline: **Postmarked June 1, 2020** 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