

## **SOUTH DAKOTA BOARD OF NURSING**

4305 South Louise Avenue Suite 201 Sioux Falls SD 57106-3115 (605) 362-2760 ♦ Fax: (605) 362-2768

#### SOUTH DAKOTA NURSE EDUCATION ASSISTANCE SCHOLARSHIP APPLICATION

The South Dakota Board of Nursing (SDBON) offers the Nurse Education Assistance Scholarship to RN and LPN nursing students. Funding for this scholarship is generated through a \$10 fee charged to each nurse upon renewal of a South Dakota RN or LPN license. The number and amount of each scholarship is determined annually by the South Dakota Board of Nursing, not to exceed \$1000 per academic year per student.

### **Eligibility Criteria:**

- The applicant must be a United States citizen and a South Dakota resident for a minimum of one year immediately preceding the date of the application. Out-of-state students attending nursing programs in South Dakota are not automatically South Dakota residents. A copy of a South Dakota driver's license issued one year before the application due date may be requested to verify residency.
- Programs Leading to **Initial Licensure**: The applicant must be accepted into a board approved nursing education program located in South Dakota that leads to initial licensure as an LPN or RN.
- Programs Leading to Registered Nurse Degree Enhancement (e.g., AD RN to BSN, LPN to BSN, or graduate degree): The applicant accepted into a board approved nursing education program leading to a registered nurse degree enhancement may attend an out-of-state program.
- The applicant must have or maintain a satisfactory GPA for progression in the nursing program.
- The applicant must demonstrate financial need.

#### **Instructions:**

- Applicants Enrolled in an LPN Program:
  - o The applicant should legibly complete the top section of the application and forward it to:
    - the nursing program to complete the second section.
    - the financial aid office to complete the third section.
  - The applicant should submit the completed application to the SDBON office by the due date. The student holds the responsibility for the successful submission of application.
  - LPN applications are due by October 1 of the year in which the application is to be considered and will
    only be accepted between August 1 and October 1. All applications submitted out of this timeframe will
    be returned to the applicant.
  - LPN scholarships are awarded at the beginning of the Spring semester.
- Applicants Enrolled in an RN Program (Initial Licensure or Registered Nurse Degree Enhancement):
  - The applicant should legibly complete the top section of the application and forward it to:
    - the nursing program to complete the second section.
    - the financial aid office to complete the third section.
  - The applicant should submit the completed application to the SDBON office by the due date. The student holds the responsibility for the successful submission of application.
  - RN applications are due by June 1 of the year in which the application is to be considered. Applications will be accepted between April 1 and June 1. All applications submitted out of this timeframe will be returned to the applicant.
  - o RN scholarships are awarded at the beginning of the Fall semester.
- Completed applications can be mailed or faxed to the South Dakota Board of Nursing using the information at the top of the page or e-mailed to <a href="mailed-surg@state.sd.us">Glenna.Burg@state.sd.us</a>.

#### **Use of Scholarship Funds:**

- Scholarships are disbursed directly to the institution the applicant attends.
- Scholarships may only be used for tuition, fees, books, or other direct education expenses. Room and board are not considered direct educational expenses.

### **Notification of Award:**

• The applicant will be notified by letter of the South Dakota Board of Nursing's decision 7-10 days after their first meeting following the application due date.



TELEPHONE

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Applications are due on the date listed below in the year in which the application is to be considered.

RN: Due June 1st (Applications accepted between April 1st and June 1st. All others will be returned.)

PN: Due October 1st (Applications accepted between August 1st and October 1st. All others will be returned.)

Applicant:				F-Ma	il:	
First Name	MI	Last Name		2 1710	····	
Address					Talanhana	
Address:Street		City	State	Zip	Telephone:	
		•		·	_	
If you have a current South Dakota nursi	ng license,	, list here: □ R	N - R0			
AFFIDAVIT AND RELEASE OF INFORMATION AUTHORIZATION						
☐ I declare I am the person authorized in this application and all statements are true and correct.						
☐ I have been accepted into a nursing program. Name of nursing program:						
☐ I declare I am a United States citizen and have been a resident of South Dakota for at least one year. (Copy of SD						
Driver's License may be requested.)						
☐ I authorized the nursing education program named above to release information to the South Dakota Board of Nursing						
to determine eligibility for the Nurse Education Assistance Scholarship.						
CIGNATURE OF ARRUGANT						
SIGNATURE OF APPLICANT:				DATE:		
<b>NURSING PROGRAM REPRESENTATIVE:</b> Please complete this section and send to the Financial Aid Office.						
				l. ///D		
☐ I verify this student has been accepted into the nursing major or coursework. ("Pre-nursing" students are not eligible.)  Expected Graduation Date: GPA (Cumulative):						
Expected Graduation Dat	e:		GPA (C	umuiativ	e):	
Degree Sought: ☐ LPN ☐ AD RN ☐ LPN to BSN ☐ RN to BSN ☐ BSN ☐ MSN ☐ DNP ☐ DNAP ☐ PhD						
Degree Sought.   LFN  AD KN  LF	IN LO DOIN	LI KIN (O BSIN I		יוט 🗆 טוי	MSN/DNP Focus	
NURSING PROGRAM REPRESENTATIVE: PRINT/TYPE NAME				TITLE OR RELATIONSHIP TO STUDENT		
NURSING PROGRAM REPRESENTATIVE: SIGNA		TELEPHONE DATE				
NORSING FROGRAM REFRESENTATIVE. SIGNATURE			ILLLFIIC	DATE		
FINANCIAL AID OFFICED. Dioses com	nlata thi	s soction and	ratura ta th	o Courth	Dakata Board of Nursing	
FINANCIAL AID OFFICER: Please com	ipiete trii	s section and	return to th	e South	Dakota Board of Nursing.	
Estimated Tuition & Fees for the academic year:						
Estimated ration & rees for the dedden	ne year				OUT-OF-STATE SCHOOLS	
Total Educational Grants provided to ap	olicant:			_ ا	DISBURSEMENT OF FUNDS	
				'	Please include mailing address below.	
Total Scholarships provided to applicant:						
FINANCIAL AID OFFICER: PRINT/TYPE NAME						
FINANCIAL AID OFFICER: SIGNATURE						
FINANCIAL AID OFFICER. SIGNATURE						
					Revised: 03-2022	

DATE