

# **You may qualify for a Scholarship Grant of up to \$3,000**

The Howard Memorial Fund was established by the late Charles A Howard, Jr., to encourage and assist college students.

You may qualify for a grant of up to \$3,000 if

**(1) You are a resident of Brown County**

**OR**

**(2) You plan to attend Northern State University  
regardless of where you live**

In awarding grants, the Fund considers: your prior academic record, your present financial condition, what other resources (loans or grants) might be available to you, and the overall prospects of your obtaining a college degree.

All decisions relating to grants are based upon substantive objective standards completely unrelated to the applicant's employment, race, religion, creed or sex.

If you are interested, write or call (605-626-2640) us for an application.

**Financial Aid Office  
Northern State University  
1200 S Jay St  
Aberdeen, SD 57401**

For Office Use Only  
Date Received: \_\_\_\_\_  
Grant \$: \_\_\_\_\_

**APPLICATION FOR GRANT**  
**(Please type or print)**

**HOWARD MEMORIAL FUND**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

College Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_

**Employment:**

Name and address of last or present employer: \_\_\_\_\_

\_\_\_\_\_

Gross income from employment during last calendar year: \_\_\_\_\_

(If your spouse is employed, please answer the same questions for him/her.):

\_\_\_\_\_

Have you qualified for, or received any student loans or grants during the last 12 months? **YES / NO**

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

**Applicant (and spouse) Assets:**

A. Real Estate (describe nature of and location): \_\_\_\_\_

\_\_\_\_\_

-Gross value: \_\_\_\_\_

-Balance on mortgage or other liens: \_\_\_\_\_

B. Personal Property (any item of value in excess of \$500.00 (regardless of liens or mortgages):

- Bank Accounts: \_\_\_\_\_

- Investments: \_\_\_\_\_

- Vehicles: \_\_\_\_\_

List all debts over \$1,000.00 that you owe, to whom, for what, and the balance due on each.

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What amount of money are you requesting from the Howard Memorial Fund? \_\_\_\_\_

Would your parents be willing to lend you part or all of the money you have requested? **YES / NO**  
If **NO**, why not?

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- If you are claimed as a dependent by a parent or some other person, it will be necessary that you supply a copy of page 1 of that person's federal income tax return.
- If you are not claimed as a dependent by a parent or some other person, it will be necessary that you supply a copy of page 1 of your federal income tax return.
- Please enclose a transcript of your grades for the last twelve months you attended school. No grants are made without transcript of grades.

Name three references who will confirm your scholarship needs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The undersigned states that all of the above facts are true and correct to the best of his or her knowledge and belief and agrees that the Howard Memorial Fund may contact any person in order to verify any of the information set out above and the undersigned waives all rights of privacy in connection therewith.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

PLEASE NOTE: Information on this application will be viewed only by the directors of the Howard Memorial Fund and members of the selection committee.

ALSO: Except in special circumstances, applications are considered and grants awarded by May 1st for the academic year beginning in August. One-half of the grant will be available to you in August and one-half in January. THEREFORE, PLEASE RETURN THIS APPLICATION ON OR BEFORE **MARCH 21, 2024**.

The undersigned states that (s)he is presently, or intends to be, enrolled as a student at {NAME OF COLLEGE} \_\_\_\_\_ majoring in {MAJOR} \_\_\_\_\_ and hereby authorizes the release to the Howard Memorial Fund, its board of directors and selection committee of any records or information regarding my person or academic history and standing at said college or university.

Please list what your goals are in life and how you intend to use your education to achieve those goals:

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It is understood that all such information will be used solely to determine my qualifications to receive a scholarship grant from the Howard Memorial Fund.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Please submit application to:  
Financial Aid Office  
Northern State University  
1200 S Jay St  
Aberdeen, SD 57401