



## **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**

#### ***FALL 2025 RN SCHOLARSHIP APPLICATION***

#### **General Information:**

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 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.
- **The applicant may apply only once per academic year.**

#### **Instructions:**

- **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 **October 1, 2025**. The student holds the responsibility for the successful submission of application.
  - Applications will be accepted between **August 1 and October 1, 2025**. All applications submitted out of this timeframe will be returned to the applicant.
  - RN scholarships will be awarded at the beginning of the 2026 Spring 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 [sdnclex@state.sd.us](mailto:sdnclex@state.sd.us)

#### **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.



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#### **FALL 2025 RN SCHOLARSHIP APPLICATION**

**Applications for the Fall 2025 RN Scholarship are due on October 1, 2025.** *(Applications accepted between August 1st and October 1st. All others will be returned.)*

Applicant: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
First Name MI Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip

If you have a current South Dakota nursing license, list here: ☐ RN - RO \_\_\_\_\_ ☐ LPN - PO \_\_\_\_\_

#### 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.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **NURSING PROGRAM REPRESENTATIVE:** Please complete this section and send to the Financial Aid Office.

- ☐ I verify this student has been accepted into the nursing major or coursework. ("Pre-nursing" students are not eligible.)  
Expected Graduation Date: \_\_\_\_\_ GPA (Cumulative): \_\_\_\_\_

Degree Sought: ☐ LPN ☐ AD RN ☐ LPN to BSN ☐ RN to BSN ☐ BSN ☐ MSN ☐ DNP ☐ DNAP ☐ PhD \_\_\_\_\_  
MSN/DNP Focus

NURSING PROGRAM REPRESENTATIVE: **PRINT/TYPE NAME**

TITLE OR RELATIONSHIP TO STUDENT

NURSING PROGRAM REPRESENTATIVE: SIGNATURE

TELEPHONE

DATE

#### **FINANCIAL AID OFFICER:** Please complete this section and return to the South Dakota Board of Nursing.

Estimated Tuition & Fees for the academic year: \_\_\_\_\_

Total Educational Grants provided to applicant: \_\_\_\_\_

Total Scholarships provided to applicant: \_\_\_\_\_

FINANCIAL AID OFFICER: **PRINT/TYPE NAME**

FINANCIAL AID OFFICER: SIGNATURE

TELEPHONE

DATE

**OUT-OF-STATE SCHOOLS  
DISBURSEMENT OF FUNDS**  
Please include mailing address below.