**Elmer Rapp Native American Scholarship**

Elmer M. Rapp made a bequest to provide scholarship(s) to deserving men or women who meet the requirements that are provided below.

**Eligible Applicants:**

1. Must be a member of the Hidatsa, Arikara, or Mandan tribes.
2. **Priority** will be given to a graduate of any Fort Berthold Indian Reservation High School.

**Requirements:** A student awarded a scholarship shall receive (for the next school year) that portion necessary to pay the student’s room, board, and tuition at a school of higher education or vocational or technical school. The scholarship shall be for one year only, but if a recipient is to continue their training or education for the following year, and if the recipient is in full conformance with the criteria below, the Trustee shall consider the recipient’s needs prior to any other eligible candidates. Scholarship payments shall continue only so long as a student continues to pursue his/her training or education on a full-time basis and so long as the student meets all other criteria for eligibility. Scholarships are for Associate or Bachelor Degrees, or Certificate Programs only.

**Criteria for Determining Recipients:** Scholarships shall be awarded, at the discretion of the Trustee, to a student or students in need of financial assistance to pursue further education or vocational training and who have the maturity, aptitude, and character to utilize further education or training in a school of higher education, vocational, or trade school to his or her own advantage and that of society.

**Scholarships:** Scholarships will be awarded to recipients who meet the qualifications. The income earned from the trust fund investments and the number of applicants will determine the final scholarship dollars awarded to each recipient.

An application will be complete once all the documents listed below are received at the Bismarck Diocese. Sorry, unfortunately, any applications received that do not have all of the required items listed below will not be accepted or receive any scholarship funding.

1. Application Form
2. Verification of Tribal Enrollment (first time applicants only)
3. High School or College Transcript or a G.E.D.
4. Letter of Acceptance from a Post-Secondary institution
5. Financial Need and Certification of Admission
6. Letter of Recommendation (first time applicants only)

**Application:** Application should be made to the Elmer Rapp Scholarship Program, Bismarck Diocese, P.O. Box 1137, Bismarck, ND 58502-1137

**ELMER M. RAPP SCHOLARSHIP TRUST APPLICATION**

**BISMARCK DIOCESE**

**P.O. BOX 1137**

**BISMARCK, ND 58502-1137**

**(701) 222-3035**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Date of Birth: | | / | | | / | |  |
| Home Address: | |  | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Home Number: | | |  | | | Cell Phone #: | |  | | | | | | |
| Social Security Number: | | | | |  | | | Sex | |  | M | |  | F |
| Tribal Affiliation: | | | |  | | | | | | | | | | |
| **\*Attach a copy of Certificate of Indian Blood or tribal enrollment verification (document requirement #2)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

**SCHOOL INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of High School/City attended: | | | |  | | | | |
| Date of Graduation: | | / | / | | |  |  | |
| **\*Attach a high school or college transcript or G.E.D. (document requirement #3)** | | | | | | | | |
| College or vocational school to which applicant has been accepted for enrollment | | | | | | | | |
|  | | | | | | | | |
| **\*Attach verification of acceptance from the post-secondary school** (**document requirement #4)** | | | | | | | | |
| Major field of study: |  | | | | | | | When do you expect to earn |
| your diploma or certificate of completion? | | | | |  | | | |

**FINANCIAL INFORMATION**

Documented financial need

**\*Complete, endorse, and return the attached NEEDS ANALYSIS form (document requirement #5)**

**RECOMMENDATION (First time applicants only – document requirement #6)**

Request that someone who can determine your maturity, aptitude, character, and can determine  
whether further education will benefit yourself in society.

Suggestion: your local school official, counselor, or a priest or minister.

**\*The person you choose should send his/her recommendation to the Elmer Rapp Scholarship  
 Program, Bismarck Diocese, P.O. Box 1137, Bismarck, ND 58502-1137**

**APPLICATION DEADLINE** Date is August 15, 2023

ELMER RAPP NATIVE AMERICAN SCHOLARSHIP

**2023/2024** - **Needs Analysis Form and Certification of Admission**

This form must be returned by the deadline of August 15th . ALL PARTS ARE REQUIRED! Parts I must be. certified by the financial aid office at your college. You must sign and date in Part 2**.**

Elmer Rapp Scholarship Program Fa.x: 701-222-0269

Please send completed form to: c/o Bismarck Diocese Email: [rschatz@bismarckdiocese.com](mailto:rschatz@bismarckdiocese.com)

PO Box 1137

Bismarck, ND 58502-1137

PART l - (COLLEGE FINANCIAL AID OFFICE COMPLETES) – NEEDS ANALYSIS: The information in this

**Section must be. submitted to the Elmer Rapp Native American Scholarship c/o Bismarck Diocese *by the student!!* Due to federal regulatory restrictions the NEEDS ANALYSIS must be submitted bv vou, the applicant. Forms that are emailed. mailed, or filed bv the institution will not *be accepted.***

**Please request that the financial aid office complete Part 1 with all of the information listed.**

*Again, DO NOT ask your college to return the information contained in PART 1.*

*This form MUST be submitted by you, the applicant.*

**l.** Applicant has completed the 2023/2024 **FAFSA: YES\_\_\_\_\_ NO\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** NEEDS ANALYSIS | Fall 2023 | Spring 2024 | Summer 2024 |
| Cost of Attendance (COA) |  |  |  |
| Financial Aid Resources (exclude loans) |  |  |  |
| Expected Family Contribution (EFC) |  |  |  |
| Financial Need  (COA - Resources – EFC) |  |  |  |

**Completed** by:

(name/title/office):

PART 2 – APPLICANT CERTIFICATION: I certify that the information provided on this form has been completed by **An authorized representative of my college and is true, correct, and complete to the best of my knowledge.**

**Signature of scholarship applicant** Date