

Joe and Norma Rahm Memorial Scholarship



Joe E. Rahm was born April 11, 1927 in Turton to George and Amelia Rahm. He graduated from Turton High School in 1945 and served in the Army during World War II. During his lifetime, Joe was a member of the Doland School Board, the Knights of Columbus, and the VFW of Redfield.

Norma Jean Rahm was born April 7, 1928 in Janesville, Wisconsin to Allen and Kathryn Richards. She moved to Aberdeen in 1945 to attend the Cadet Nursing Program at St. Luke's Hospital. She worked at Conde Hospital until her marriage to Joe in 1949.

In 1956, the couple purchased a farm north of Doland. There, they raised four children, George and Larry, who remain in the Doland area, and Deanna and Judy, who live with their families in Minnesota and Georgia.

Joe passed away August 30, 1997. Norma died April 20, 2004. Their family established this scholarship to honor their lives and to assist highly motivated young people to pursue their educational goals.

APPLICANTS MUST-

- Be graduating seniors of Doland or Redfield high schools.
- Plan to attend a South Dakota accredited college, university, vocational, or technical school.
- Have a GPA of 3.0 or higher.
- Be involved in school and community activities.
- Be highly motivated self-starters.
- Preference is given to students seeking a degree in agriculture or conservation, but it isn't a requirement for application or selection.

AWARDS: \$750

APPLICATION DEADLINE: April 1, 2015

Note: Outdated applications will not be accepted. Check the application deadline printed above to ensure this form is eligible for consideration. Extra copies can be made. Photocopy on one side of paper only.

Application Submission Instructions

To be eligible for consideration, your application must be submitted on a current application form and be signed.

- Scholarship Application. Attach separate sheets of paper to respond to section III, Community Activities; Section IV, Work Experience; and Section V, an Essay.
- Recommendation Forms (2). Before asking someone to complete a recommendation on your behalf ask whether that person is serving on the selection panel. Under no circumstances may family members or selection panel members serve as your references. Applicants who use family or selection panel members will be disqualified. You will submit two recommendations, one from a high school teacher or administrator and one from an adult who knows you well.
- Official High School Transcript. You will submit your high school transcript with this application. The transcript must include your GPA, Class Rank, and ACT or SAT score.

Please note —

- Your application will be duplicated for a selection committee. Photocopy and write on only one side of each sheet of paper.
- Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- If you have questions about this application, please call the Scholarship Administrator at SFACF, (605) 336-7055, ext. 20.
- Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Your submission must be postmarked no later than April 1. Send to —

SIoux FALLS AREA COMMUNITY FOUNDATION
Joe and Norma Rahm Memorial Scholarship Committee
200 N. Cherapa Place
Sioux Falls, SD 57103

Joe and Norma Rahm Memorial Scholarship Application

Please type or print responses in black ink and complete all sections.

I. STUDENT INFORMATION

Student's name _____
last first middle

Permanent address _____ Phone no. _____
street city state zip

Parent or guardian name _____
last first

Permanent address _____
street city state zip

Name of school you plan to attend _____

School is a ☐ Four-year academic college or university ☐ Vocational/technical school
☐ Community college

Major: ☐ Agriculture ☐ Conservation ☐ Other

Please address the following using additional sheets of paper where applicable. (Use one side of paper only.)

II. LETTERS OF RECOMMENDATION (Use forms provided)

Applicants are required to submit two recommendations. One from a high school teacher or administrator and one from an adult who knows you well. Under no circumstances may family or selection panel members serve as your references.

III. COMMUNITY ACTIVITIES

List the community activities you have participated in during your high school and college years, any offices held and/or awards received, and year(s) of involvement.

IV. WORK EXPERIENCE

Describe paid work experience and/or volunteer work you have had in the last four years. List position, employer, and dates of employment.

V. ESSAY

Write an essay of no more than 250 words describing what goal you hope to attain with this scholarship.

VI. OFFICIAL HIGH SCHOOL TRANSCRIPT

Attach transcript of all classes completed (seven semesters) to this application. The transcript must include your GPA, Class Rank, and ACT or SAT score.

Joe and Norma Rahm Memorial Scholarship Application

VII. FINANCIAL INFORMATION

Estimate of Annual Educational Expenses		Sources of Annual Support	
Tuition and fees	\$ _____	Personal savings	\$ _____
Books and supplies	\$ _____	Personal employment	\$ _____
Room and board	\$ _____	Family sources	\$ _____
Personal expenses	\$ _____	Financial aid	\$ _____
Other expenses (list)		Scholarships applied For.	
		<i>(Please circle any scholarship award that you have received.)</i>	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total expenses \$ _____		Total support \$ _____	

VIII. SPECIAL CIRCUMSTANCES

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

IX. CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge and that I am not related to any member of Sioux Falls Area Community Foundation's staff or Board of Directors. If selected for this award, SFACF is authorized to publish my photograph and name on its website, publications, and advertisements.

Applicant's signature

Date

Consenting parent or guardian's signature

Date

Submit this application and all required forms by April 1 to:

SIoux FALLS AREA COMMUNITY FOUNDATION
Joe and Norma Rahm Memorial Scholarship Committee
200 N. Cherapa Place
Sioux Falls, SD 57103

Joe and Norma Rahm Memorial Scholarship Recommendation Form

Please type or use black ink.

Applicant's name _____

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- Please do not write or type on back side of this paper.
- Attach additional sheets of paper if necessary.
- When finished, place form in a sealed envelope and write your name across the seal.
- Return to applicant as soon as possible. Applications are due April 1.

Please type or use black ink

1. How long have you known the applicant?
2. How have you been acquainted with this applicant?
3. What qualities make this applicant a good candidate for this scholarship?
4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

Signature

Address

Print or type name

City

State

Zip

Title (if school official)

Telephone

*If you have questions, please call the Scholarship Administrator at the
Sioux Falls Area Community Foundation, (605) 336-7055.*

Joe and Norma Rahm Memorial Scholarship Recommendation Form

Please type or use black ink.

Applicant's name _____

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- Please do not write or type on back side of this paper.
- Attach additional sheets of paper if necessary.
- When finished, place form in a sealed envelope and write your name across the seal.
- Return to applicant as soon as possible. Applications are due April 1.

Please type or use black ink

1. How long have you known the applicant?
2. How have you been acquainted with this applicant?
3. What qualities make this applicant a good candidate for this scholarship?
4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

Signature

Address

Print or type name

City

State

Zip

Title (if school official)

Telephone

*If you have questions, please call the Scholarship Administrator at the
Sioux Falls Area Community Foundation, (605) 336-7055.*