

JOAN AND WESLEY BUFFINGTON TRUST

Grant Application Guidelines

The Joan and Wesley Buffington Trust (the "Trust") was created to assist and aid needy adults who are residents of Montana, and who are blind or significantly visually impaired. The Trust will provide grants to qualified applicants to provide assistance for education and training that will enhance the possibility of gainful employment.

In furtherance of these purposes, the Trust shall apply these guidelines in considering applications for grants from the Trust funds. Deviations from the guidelines shall be made infrequently and only in extraordinary circumstances.

Any deviations are at the sole discretion of the Trustee.

Are you eligible to apply for a grant?

To be eligible for a grant from the Trust, you must be a Montana resident and either be totally blind, legally blind, or visually impaired as defined by the World Health Organization. Additionally, you must be applying for funds to provide financial assistance to attend a college or university educational program, vocational training program (including pre-employment training), or confidence building opportunities; this may include tuition/fees, room & board, technical or adaptive equipment, and airfare or other transportation.

How can I apply for the grant, and what information is required? An eligible individual must complete a grant application and provide required documents listed below. Applications can be found: <https://www.firstinterstatebank.com/campaigns/buffington.php>.

The completed application and supporting documents must be submitted for review by the Trust's Advisory Committee at the following address: First Interstate Bank, P. O. Box 30918, Billings, MT 59116-0918.

- The applicant must provide proof of Montana citizenship.

- The applicant must provide current (within the last 12 months) documentation from a licensed Ophthalmologist or Optometrist testifying to the applicant's condition as a legally blind, totally blind or visually impaired individual.
 - ❖ For these purposes, the Trust recognizes the World Health Organization classifications of these terms: Visually Impaired: having a best corrected visual acuity of 20/60 or worse in the better eye; Legally Blind: having a best corrected visual acuity of 20/200 or worse in the better eye or a visual field of less than 20 degrees.
- The applicant must demonstrate the intention to pursue educational courses at an accredited college or university or qualified vocational training programs. The applicant is encouraged to provide additional information regarding the specific programs that he/she will pursue and past scholastic records.
- A Statement of Need is required as part of the application; applicant may provide evidence of financial need for consideration.

How many grants per year does the Trust award?

The Trust anticipates providing several grants per year. The minimum grant awarded will be \$1,000. The number of grants and amount of each grant awarded is at the sole discretion of the Trustee and the Trust Advisory Committee.

Grant Accountability and Reporting requirements:

Prior to awarding a grant, the Trustee will require verification of the applicant's admission and enrollment in the college, university, or vocational training program. Upon verification and approval of the Trustee, a check will be provided by the Trust to the educational institution with instructions to credit the funds in the applicant's student account.

Most grants will be awarded either in a single payment or two payments (one per semester) directly to the educational institution.

Application Process Requirements:

The Applicant must provide the following information and materials to the Trust Advisory Committee:

- A completed application;
- An essay or personal statement of financial need that describes your economic need and how you plan to use the grant, if awarded;
- A current eye report completed by a licensed Ophthalmologist or Optometrist stating applicant's vision diagnosis;
- Official transcripts and letters of recommendation, as applicable.

All materials should be submitted to First Interstate Bank c/o Tiffianny Steffes, P. O. Box 30918, Billings, MT 59116-0918;

Contact Tiffianny at (406) 255-5238 or tiffianny.steffes@fib.com with any questions.

Grant Applications must be made on the form which is available at First Interstate Bank Wealth Management; www.firstinterstatebank.com. Applicants must provide all information requested; incomplete applications may be rejected.

After receipt of a Grant Application, the Trust may contact an applicant to ask questions, offer suggestions concerning the application, or request further information. The Trust may also request an updated application if necessary.

The Deadline for Grant Applications is 5:00 p.m., Mountain Daylight Time on:

- April 15th
- September 15th

Joan and Wesley Buffington Trust

2019 Grant Application

Applicant Name: _____

- I am a new grant applicant
- I have received a Buffington Trust grant previously

Date(s) grant received: _____

- If I am awarded a grant, I would like the funds made payable to:

I want to be considered for:

- Higher Education Grant** - A student who will be enrolled at a university or college in 2019/2020
- Vocational Grant** – An applicant who will be enrolled at a vocation school, pre-employment training program, or other related activity in 2019/2020

I have included the following with my completed application:

- Vision Report**
 - Using page 3 of this application or provided in a format containing the same information; exam must be within the last 12 months.
 - REPEAT APPLICANTS: You must submit a new vision report no less than every 3 years.
- Essay**
 - Please include your visual impairment, background, education and career goals, and how this grant will help you achieve those goals. Include cost estimates.
 - The essay shall not exceed two-pages, double-spaced.
 - REPEAT APPLICANTS: You must include a summary of how you used any previous grants received
- Letters of Recommendation**
 - Please provide at least one letter of recommendation, two are preferred.
 - REPEAT APPLICANTS: You must provide a new letter of recommendation every 3 years.
- Transcripts (*Higher Education Grant Applicants Only*)**
 - Please provide copies of high school or college transcripts.

Joan and Wesley Buffington Trust

2019 Grant Application

Name: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Type of Impairment:

- Legally Blind Visually Impaired

What school or program will you be attending in 2018-2019? _____

(Please provide proof of enrollment with your application) Full-time Part-time

Major/Field of Study: _____

Degree Sought: Technical Certificate Associates Bachelors
 Masters Doctorate Other: _____

Current GPA: _____ Is your GPA Weighted? YES NO

My GPA is on a _____ point scale.

Have you taken any Advanced Placement classes? YES NO

If yes, please provide class names and grades received in each:

	Name of School	Start Date	End Date	Degree Received	Are you still attending this school?	If yes, what is your estimated graduation date?
High School						
College/University						
College/University						
College/University						

Joan and Wesley Buffington Trust

2019 Grant Application

----- Vision Report -----

To be completed by a licensed ophthalmologist or optometrist and then submitted along with grant application or directly to the Trustee at the address provided, or fax to FIB attn. Tiffianny Steffes (406) 255-5160.

Please Note: Previous grant recipients do not need to submit a vision report.

Patient Name: _____ Date of Birth: _____

Primary Ocular Diagnosis: _____

Additional Diagnosis: _____

Visual Acuities (with best correction)

Visual Field (with best correction)

OD: _____

OD: _____

OS: _____

OS: _____

This individual is considered:

Visually Impaired (best corrected visual acuity of 20/60 or worse in the better eye)

Legally Blind (best corrected visual acuity of 20/200 or worse in the better eye or a visual field of less than 20 degrees)

I certify that I am a licensed ophthalmologist or optometrist practicing in the state of Montana. I have examined the patient and the above is my diagnosis of his/her current condition:

Signature of Physician: _____

Examination Date: _____

Physician's Name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Please return completed application, vision report, and all additional documentation to the Trustee of the Joan and Wesley Buffington Trust at the following address:

First Interstate Bank
c/o Tiffanny Steffes
PO Box 30918
Billings MT 59116-0918

Phone: (406) 255-5238
Fax: (406) 255-5160
Tiffanny.steffes@fib.com