

Students Admitted and  
Continuing in Professional  
Programs 2021-2022



## College of Health Professions Departmental Scholarship/Fellowship Application

This application is for awards from Medical Laboratory Sciences, Public Health Sciences, Dental Hygiene, Physical Therapy, and Physician Assistant.

For scholarships/fellowships specific to Communication Sciences & Disorders and Nursing, scholarship applications can be found on their websites under "Financial Support".

### FOR ALL SCHOLARSHIPS/FELLOWSHIPS

**You must be admitted to a College of Health Professions professional program and have a minimum cumulative GPA of 3.0.**

An interview may be requested as part of the selection process.

### Application Instructions:

1. **Check with your department to verify the application deadline.**
2. Complete the **student data section** of the application.
3. **Financial Statement:** Some of our college scholarships & fellowships take financial need into consideration. To be considered for these scholarships, we ask that you fill in the financial aid information below and provide a typed financial statement with information that will help the scholarship committee understand your financial situation better. A FAFSA on file is helpful but not required. (This is not the same as your personal statement, this is regarding your financial situation only.)
4. Attach a typed one-page **personal statement**. You may use your statement to highlight your special interests, talents, goals, or unique experiences. Please include long range goals. The personal statement allows you to provide additional information for consideration by the scholarship/fellowship committee.
5. Attach an **activities chart** (sample below) including your academic, leadership, extracurricular, campus, community service, and work experiences. With each activity, provide the dates you were involved, time commitments and any leadership roles you had.
6. **Return this application to your departmental office.**

<b>Activities chart</b>	<b>Dates from-to</b>	<b>No. hours per week</b>	<b>Special Accomplishments/ Leadership Positions</b>
<b>A. School/Community Activities</b>			
1.			
2.			
3.			
<b>B. Volunteer Service</b>			
1.			
2.			
3.			
<b>C. Work for Pay</b>			
1.			
2.			
3.			



**FINANCIAL AID INFORMATION (optional):** *All financial information will be kept confidential.*

Some of our college scholarships take financial need into consideration per donor guidelines. To be considered for these scholarships, we ask that you fill in the information below *and* provide a typed financial statement with information that will help the scholarship committee understand your financial situation better. A FAFSA on file is helpful but not required.

STUDENT:PARENT(S) or GUARDIAN(S): (Dependent students only)

_____	Estimated yearly gross income	_____	Estimated yearly gross income
_____	Total number of dependents (not including yourself, spouse/partner)	_____	Total number of dependents (not including yourself, spouse/partner)
_____	Number of dependents who will be full-time college students in 2020-2021 AY	_____	Number of dependents who will be full-time college students in 2020-2021 AY
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been a significant change in your financial status in the past year? If yes, please include this information in your "Financial Statement".	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been a significant change in your financial status in the past year? If yes, please include this information in your "Financial Statement".

**Student Certification and Submission:** By completing and submitting this application for review, I certify that all the answers I have given in this application are correct to the best of my knowledge. I understand that failing to disclose or falsifying information could result in my dismissal from Wichita State and that making false writing is a felony under Kansas law (K.S.A. 21-3711). Social Security number and student status data may be provided to other state agencies for use in detection of fraudulent or illegal claims against state moneys. I grant permission to obtain information about my grade point average, enrollment status and financial status to evaluate my candidacy for scholarship awards. I understand this information will be kept confidential and will be available only to Scholarship Committee members having a need to know for the purpose of scholarship determination. If I am awarded a scholarship, I authorize the University to publish my name as a scholarship recipient.

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 Signature of Applicant

Date

**Notice of Nondiscrimination:** Wichita State University does not discriminate in its programs and activities on the basis of race, religion, color, national origin, gender, age, marital status, sexual orientation, political affiliation, status as a veteran, genetic information or disability. The following person has been designated to handle inquiries regarding nondiscrimination policies: Director, Office of Equal Employment Opportunity, Wichita State University, 1845 Fairmount, Wichita, Kansas 67260-0145, (316) 978-6791.