Students Admitted and Continuing in Professional Programs 2020-2021

College of Health Professions Departmental Scholarship/Fellowship Application

Application Instructions:

1. **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.

2. Complete the student data section of the application.

3. Financial Statement: Some of our college scholarships take financial need into consideration. To be considered for these scholarships, we ask that you provide a financial statement below with information that will help the scholarship committee understand your financial situation better. A FAFSA on file is helpful but not required.

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.**
   This application is for awards from Medical Laboratory Sciences, Public Health Sciences, Dental Hygiene, Physical Therapy, and Physician Assistant. For Communication Sciences & Disorders, and Nursing scholarships go to their website for the application.

7. **Please check with your department to verify the application deadline.**

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<th>Activities chart</th>
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<th>No. hours per week</th>
<th>Special Accomplishments/Leadership Positions</th>
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<td>B. Volunteer Service</td>
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<td>C. Work for Pay</td>
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STUDENT DATA:

Name____________________________________________

First Middle Last Maiden or other

WSU ID___________________________________________

Date of Birth (dd/mm/yyyy) ____________________________  □ Female  □ Male

Mailing Address__________________________________________

City ___________________ State __________ Zip __________

Phone (___) _________________

E-mail Address_____________________

Academic Major_________________________ Anticipated Graduation Date _______

The information below is used only to determine your eligibility for specific scholarships/fellowships.

Expected enrollment (# of credit hours) at WSU during:  Fall 2020 _____ Spring 2021 _______

Are you a U.S. citizen or Permanent Resident? □ Yes □ No

Are you currently employed? □ Yes □ No Hours per week _________

Circle your classification: undergraduate graduate

For Campuzano Scholarship Only:

Are you a first or second generation immigrant to the USA with permanent residency or US citizenship? □ Yes □ No

For Benn Memorial Scholarship/Fellowship only:

Are you a Derby High School graduate? □ Yes □ No

For Public Health Sciences majors:

I actively participate in community activities (volunteer work, church involvement). □ Yes □ No

If “yes” attach a detailed list of your activities specifically those community service related.
FINANCIAL AID INFORMATION (optional): All financial information will be kept confidential. This section is optional. Financial Statement: Some of our college scholarships take financial need into consideration. To be considered for these scholarships, we ask that you provide a financial statement below with information that will help the scholarship committee understand your financial situation better. A FAFSA on file is helpful but not required.

STUDENT:  

Estimated yearly gross income:  

Total number of dependents (not including yourself, spouse/partner):  

Number of dependents who will be full-time college students in 2020-2021 AY:  

☐ Yes ☐ No Has there been a significant change in your financial status in the past year? If yes, please include a “Financial Statement” with your application. Instructions below.

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

Estimated yearly gross income:  

Total number of dependents (not including yourself, spouse/partner):  

Number of dependents who will be full-time college students in 2020-2021 AY:  

☐ Yes ☐ No Has there been a significant change in your financial status in the past year? If yes, please include a “Financial Statement” with your application. Instructions below.

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.

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.