Spring 2019 Nursing Scholarships

Application Deadline: October 1, 2018
Applications can be submitted one of the following ways:
1. Delivered to Ahlberg Hall 541A
2. Placed in the orange Nursing Drop Box, Ahlberg Hall, 5th floor
3. Or mail applications (must be postmarked by Oct 1) to: Kelly Eden
Wichita State University
1845 Fairmount, Box 41
Wichita, KS 67260-0041

Checklist for Application: all items are required
☐ Student Data Sheet
☐ Activities Chart
  o See example at back of application
☐ A 500-750 word personal statement
  o The personal statement should describe your leadership qualities, why you want to be a nurse and your goals.
☐ A 250-500 word financial statement
☐ 1 reference letter

Eligibility:
To be considered for all scholarships and fellowships you must:
1. Be admitted to a College of Health Professions program and have a minimum 3.0 cumulative GPA at point of application.
2. Attach all pages, filled out correctly, detailed in the checklist above.

The FAFSA, federal financial aid form, should be on file in the WSU Office of Financial Aid by November 1, 2018. The CHP Departmental Scholarship/Fellowship Application is required to apply for both College of Health Professions general scholarships AND for specific endowed nursing scholarships.

Incomplete Applications:
Applications that are filled out incorrectly or are incomplete will not be considered.
- Letters of reference mailed, e-mailed or dropped off by a third party will not be accepted. Your application will be considered incomplete without a letter of reference. The only exception is a School of Nursing faculty member
- Students will be notified via e-mail to pick up and complete or correct their application. They are expected to return applications by the deadline.
- If an incomplete/incorrect application is submitted on the deadline date, the student will be e-mailed and given a 24 hour turnaround time to pick it up, make the necessary edits and resubmit. The 24 hours will be determined by the time the e-mail is sent to the student.

Communication Preferences: The School of Nursing will communicate with you via your WSU e-mail address only. The student is responsible for checking their WSU e-mail address on a regular basis to remain informed. The School of Nursing will not be responsible, nor make exceptions, for missed communications.
College of Health Professions
Departmental Scholarship/Fellowship Application

STUDENT DATA

Legal Name: ___________________________________________________________________________
Last     First    Middle    Maiden or other

WSU ID: _______________________________ Date of birth (mm/dd/yyyy): _______________________

Mailing Address: ________________________________________________ Apartment # __________
City: ____________________________________ State: ____________________ Zip: ________________

Home Phone: (_____) _________________________ Cell Phone: (_____) __________________________

WSU Email: _______________________@wichita.edu    Alternate Email: ___________________________

Academic Major: __________________________   Anticipated Graduation (semester/year): _____________

Expected enrollment (# of credit hours) at WSU during Spring 2019: ________

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

Are you currently employed? ____ Yes ____ No    Hours per week: _____________________________

FINANCIAL AID INFORMATION (optional): All financial information will be kept confidential. This section is optional but must be completed along with the FAFSA if you wish to be considered for need-based scholarships.

<table>
<thead>
<tr>
<th>Student</th>
<th>Parent(s) or Guardian(s): (Dependent Students Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Yearly Gross Income?</td>
<td>$</td>
</tr>
<tr>
<td>Total Number of Dependents (not including yourself, spouse/partner)?</td>
<td></td>
</tr>
<tr>
<td>Number of dependents who will be full time college students during the 2016-2017 academic year?</td>
<td></td>
</tr>
<tr>
<td>Has there been a significant change in your financial status in the past year? If yes, please include a financial statement with your application. See instructions below.</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

FINANCIAL AID STATEMENT (required): If you feel the financial information entered above and on your FAFSA does not fully reflect your current economic situation, you may include that information in your required financial statement.
**Student Certification and Signature:**
I certify all answers I have given in this application are accurate to the best of my knowledge. I understand failing to disclose or falsifying information could result in my dismissal from Wichita State University and making a 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 fraudulent or illegal claims against state monies.

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 the scholarship committee 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, marital status, sexual orientation, age, status as a Vietnam-era veteran or disability. Any person having inquiries concerning this may contact the Office of Equal Employment Opportunity, Wichita State University, 1845 Fairmount, Wichita, KS 67260-1045, (316) 978-3001.
Recommended format for activities chart:

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