



Application Deadline: March 1, 2019

Applications can be submitted one of the following ways:

1. Dropped in the School of Nursing orange drop box outside main office, AH 500
2. Delivered to Ahlberg Hall 541A
3. Or mail applications to:

Kelly Eden
Wichita State University
Box 41
1845 Fairmount
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
- A 250-500 word financial statement (separate from the financial information table on page 2)
- 1 reference letter

Eligibility:

To be considered for all scholarships and fellowships you **must**:

1. Be a current Traditional, RN to BSN or Graduate student **OR** be applying to our Traditional Spring 2019 program **OR** be applying to our Accelerated 2019 program.
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 **April 1, 2019**.

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**. The only exception is a School of Nursing faculty member. Your application will be considered incomplete without a letter of reference.
- 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.

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:

Summer 2019: _____ Fall 2019: _____ Spring 2020: _____

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.

	Student	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 during the 2016-2017 academic year?		
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL STATEMENT (required): Please note, this is separate from the table above! This is a required attachment to your application! If you feel the financial information entered above and on your FAFSA does not fully reflect your current economic situation, please complete a financial statement and include it with your application. You may include information regarding you and your family's financial status that supports your need for scholarships. Otherwise, the financial statement should address your need for the scholarship and how the scholarship will assist with educational costs.

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:

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