Peter Cohen Leadership in Health Care Scholarship
College of Health Professions
Academic Year 2018 – 2019

Application Deadline: October 29th, 2018
Completed applications are to emailed to fhcpwso@gmail.com or delivered to Ahlberg Hall 402 by 5:00 pm of the application deadline

Application Guidelines
1. Applicant must be enrolled in a minimum of 12 credit hours for the 2018 Fall Semester at Wichita State University
2. Applicant must have a declared major or pre-major within the College of Health Professions
3. Recipient must have a minimum 3.0 high school GPA and a minimum 3.0 cumulative GPA for any completed college courses taken prior to regular enrollment at WSU. While attending WSU, recipient must maintain the minimum GPA required for their college major
4. Award will be made with regard to financial need. Students must have an application for federal financial aid (FAFSA) on file in the Office of Financial Aid
5. The scholarship is awarded for the spring semester and is non-renewable
6. Incomplete applications and those received after the deadline will not be considered
7. The recipient of the award will be notified by November 21, 2017

Completed Applications will consist of:
1. Completed Application Information form
2. Applicant Essay
3. Applicant Activities Chart
4. Signed Student Certification statements

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.

September 01, 2018
**Peter Cohen Leadership in Health Care Scholarship**  
College of Health Professions  
Academic Year 2018 – 2019  

**Applicant Information:**

| **Full Name** |  |
| **myWSU id** |  |
| **Full Mailing Address** |  |
| **Phone Number:** |  |
| **WSU email address** |  |
| **Declared Major/Pre-Major** |  |
| **Number of completed college credit hours** |  |
| **College Cumulative GPA** |  |
| **High School GPA** |  |
| **Number of credit hours enrolled in for the Fall 2017 semester** |  |
| **Number of planned credit hours for the Spring 2018 semester** |  |
| **Is the Fall 2017 semester your first semester at WSU?** |  |
| **Were you involved in a Health Careers program at Wichita North, Wichita Northeast Magnet, or Wichita West High Schools?** |  |
| **Anticipated College Graduation date (semester/year)** |  |
Applicant Essay:

Attach a one to two-page, double-spaced, personal statement explaining why you choose to pursue a career in healthcare and your educational and career goals. Include any type of participation in health related activities such as volunteering, observation, and patient care. Be sure to include a statement of your financial need.

Applicant Activities Chart:

Attach an activities chart including your academic, leadership, extracurricular, campus, community service, and work experience. With each activity, provide the dates you were involved, time commitments, and any leadership roles you had.
Student Certification and Signature:

If I am awarded a scholarship by the College of Health Professions, I authorize the College to publish my name as a scholarship recipient.

_________________________________________   __________________________
Signature                                      Date

I certify that all answers I have given in this application are accurate to the best of my knowledge. I understand that failing to disclose or falsifying information could result in my dismissal from Wichita State University and that making a false writing is a felony under Kansas law (K.S.A. 21-3711). 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 selection committee members having a need to know for the purpose of scholarship determination.

_________________________________________   __________________________
Signature                                      Date