

## **Sam & Rosemary Sherr Dean's Excellence Scholarship/Fellowship Application 2020-2021**

**Criteria:**

- Be admitted to and enrolled in a College of Health Professions (CHP) professional program. These programs include Communication Sciences and Disorders, Dental Hygiene, Medical Laboratory Sciences, Nursing, Public Health Sciences, Physical Therapy, and Physician Assistant.
- Have a minimum 3.0 cumulative GPA.

**To apply:**

1. Complete the Student Data section of the application.
2. Complete the Financial Aid Information section of the application.
3. Attach a 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 selection committee.
4. 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 leadership roles.
5. Attach two professional/personal reference letters.
6. Submit completed application to your CHP Department by **Friday, Nov. 1, 2019.**

Activities chart	Dates from-to	No. hours per week	Special Accomplishments/ Leadership Positions
<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.			

**STUDENT DATA:**

Name: \_\_\_\_\_  
                    First                    Middle                    Last

WSU ID: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone with area code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Academic Major: \_\_\_\_\_ Anticipated Graduation Date/Year: \_\_\_\_\_

Cumulative GPA (Undergraduate): \_\_\_\_\_ Cumulative GPA (Graduate): \_\_\_\_\_

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: \_\_\_\_\_

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

**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.

\*Dependency status is determined by the federal government based on questions on the FAFSA in regards to your birth date, marital status, degree program (UG vs GR), veteran status, and more. If you have questions regarding your status, please contact the Office of Financial Aid.

Have you filed a FAFSA for academic year 2020-2021?  Yes  No  I plan to

**FINANCIAL STATEMENT:** Attach a financial statement. Include information that will help the selection committees understand your financial situation better. A FAFSA (Free Application for Federal Student Aid) on file is helpful but not required for students who are ineligible for Federal Aid. Visit [studentaid.ed.gov/sa/fafsa](http://studentaid.ed.gov/sa/fafsa) to get started. Financial need is considered in the selection process.

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**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 employment practices, educational programs or activities on the basis of age (40 years or older), ancestry, color, disability, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran. Retaliation against an individual filing or cooperating in a complaint process is also prohibited. Sexual misconduct, relationship violence and stalking are forms of sex discrimination and are prohibited under Title IX of the Education Amendments Act of 1972. Complaints or concerns related to alleged discrimination may be directed to the Institutional Equity and Compliance Director, Title IX Coordinator or Equal Opportunity Coordinator, Wichita State University, 1845 Fairmount, Wichita, KS 67260, telephone (316) 978-3187.