

Sam & Rosemary Sherr Dean's Excellence Scholarship/Fellowship Application 2019-2020

Application Instructions:

- 1. FOR ALL SCHOLARSHIPS/FELLOWSHIPS, you must be admitted to a College of Health Professions <u>professional program</u> 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.** Complete the financial aid information section of the application if you wish to be considered for need-based scholarships/fellowships. FAFSA information needs to be on file with the WSU Financial Aid Office.
- **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.** Please attach **two** professional/personal reference letter to this application.
- **7.** This application is for the Sam & Rosemary Sherr Dean's Excellence Award for student in the professional CHP programs of Medical Laboratory Sciences, Public Health Sciences, Dental Hygiene, Physical Therapy, Physician Assistant, Communication Sciences & Disorders, and Nursing.
- 8. Please return completed applications to your CHP Department by Thursday, Nov. 1st 2018.

STUDENT DATA:

Name									
	First	Middle	е	Las	st	1	Maiden c	r other	
WSU ID _						_			
Date of E	Birth (dd/mm/yy	yy)						Female	□ Male
Mailing <i>A</i>	Address								
City		State		Zip					
Phone (_)								
E-mail Ad	ddress								
Academi	c Major					Anticipate	d Gradua	ation Date	
Cumulati	ive GPA (Underg	graduate)		Cumula	ative G	iPA (Gradua	ate)		
The infor	mation below is u	used only to d	etermine yo	our eligibili	ty for s	pecific scho	larships/f	ellowships.	
Expe	cted enrollmen	t (# of credit	hours) at V	VSU durinę	g: Fal	l 2019	Spr	ing 2020 _	·
Are y	/ou a U.S. citizer	n or Permane	ent Residen	nt? □ Yes		□ No			
Are y	ou currently en	nployed?	☐ Yes	□ No		Hours per	week		
I acti	vely participate	in communi	ty activities		er worl		volveme	nt).	
ıf "v	os" attach a dot	ailed list of v	our activiti	es specific	ally th	ose commi	ınity sarı	vice related	4

If "yes" attach a detailed list of your activities specifically those community service related.

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.							

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.

DENT:		PARENT(S) o	or GUARDIAN(S): (Dependent students only)
	Estimated yearly gross income		Estimated yearly gross income
	Total number of dependents (not including yourself, spouse/partner)		Total number of dependents (not including yourself, spouse/partner)
	Number of dependents who will be full-time college students in 2018-2019 AY		Number of dependents who will be full-time college students in 2018-2019 AY
s 🗆 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.	□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.
FAFS inclu	ANCIAL STATEMENT (optional): If you feel the SA does not fully reflect your current economic ide it with your application. You may include it is that supports your need for scholarships. To	situation, pleas formation rega	se complete a financial statement and rding you and your family's financial
ŀ	Have you filled out the FAFSA? ☐ Yes ☐] No □Ipla	n to
that unde State and s illega avera unde Com	lent Certification and Submission: By complet all the answers I have given in this application erstand that failing to disclose or falsifying info e and that making false writing is a felony understudent status data may be provided to other all claims against state moneys. I grant permiss age, enrollment status and financial status to extend this information will be kept confident mittee members having a need to know for the rded a scholarship, I authorize the University to	are correct to the rmation could rear Kansas law (K. state agencies foilon to obtain infevaluate my can ial and will be avere purpose of sch	he best of my knowledge. I esult in my dismissal from Wichita .S.A. 21-3711). Social Security number or use in detection of fraudulent or formation about my grade point didacy for scholarship awards. I vailable only to Scholarship molarship determination. If I am
Signa	ature 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.