



CHP Departmental Scholarship/Fellowship Application

Application Instructions:

1. **FOR ALL SCHOLARSHIPS/FELLOWSHIPS, you must be admitted to a College of Health Professions professional program 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 for both college and departmental scholarships/fellowships.
3. Complete the financial aid information section of the application if you wish to be considered for need-based scholarships/fellowships. Scholarship/fellowship criteria is attached.
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 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. (Please see example of chart).
6. **Return this application to your departmental office** in Ahlberg Hall. Keep a copy of this application for your records.
7. **Application deadline is April 4, 2008. For Dental Hygiene students, the deadline is April 25, 2008. Please check with your department as they may have their own application form.**

STUDENT DATA

Legal Name _____
Last First Middle Maiden or other

Social Security# _____ WSU ID _____

Date of Birth _____ Female Male

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____ Phone () _____

E-mail Address _____ Date of Birth _____

Academic Major _____ Anticipated Graduation Date _____

The information below is used only to determine your eligibility for specific scholarships/fellowships.

Expected enrollment (# of credit hours) at WSU during: Fall 2008 _____ Spring 2009 _____

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

Are you currently employed? Yes No Hours per week _____

For Brookings and Garlock Scholarships:

On a separate page, discuss activities that demonstrate your character and moral standards.

For Sherr Scholarship/Fellowship only (circle your classification): undergraduate graduate

For Campuzano Scholarship Only:

Are you a first or second generation immigrant to the USA with permanent residency or US citizenship? Yes No

For Benn Memorial Scholarship/Fellowship only:

Are you a Derby High School graduate? Yes No

FINANCIAL AID INFORMATION: This section is optional but must be completed to be considered for need-based scholarships.

The scholarship committee will check the Free Application for Federal Student Aid (FAFSA) to verify your financial need information. In addition you may attach an optional, one-page, statement regarding your family’s financial status. All information will be kept confidential. Students not meeting one of the following criteria are considered dependent and must complete both the student and parent sections below: (1) Born before January 1, 1985, (2) Married, (3) Veteran, (4) Orphan or Ward of the court, or (5) have dependents other than a spouse. (6) If a student is working on a master’s or a doctorate they are considered independent.

Student

Parent(s) or Guardian(s) (Dependent students only)

Adjusted gross income from
_____ your most recent tax return

Adjusted gross income from
_____ your most recent tax return

Total # exemptions from your
_____ most recent tax return

Total # exemptions from your
_____ most recent tax return

_____ Estimated gross income this year

_____ Estimated gross income this year

_____ Total # exemptions this year

_____ Total # exemptions this year

How many of your dependents claimed as exemptions on your most recent federal tax return will be full-time college students this year? _____

How many of your dependents claimed as exemption on your most federal tax return will be full-time college students this year? _____

Signature of Parent or Guardian (Only if providing financial information)

Date

Student Certification and Signature:

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 and that 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. *If offered an award, you will be expected to attend the College of Health Professions' annual scholarship/fellowship reception for the opportunity to thank your donors in person. You are also expected to send a "thank you" letter to your donor.*

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.

This is the recommended format for an 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.			