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|  | **WSU ALUMNI ASSOCIATION LICENSE PLATE SCHOLARSHIP APPLICATION**  Fall 2022 – Spring 2023  **DEADLINE:** Applications must be received in the Office of Financial Aid by  **January 6, 2023** |

# Complete and sign this application form and attach the following:

* **Personal statement** – a typed, one-page statement about yourself. Please include long-range goals, pivotal experiences, biographical information, etc. This is a chance for the review committee to get to know you. It will be reviewed on content, grammar, spelling, etc.
* **Activities chart** – a typed chart of your academic, leadership, extracurricular, community service, and work experiences during college.
* **Transcript** – an unofficial transcript that includes your entire undergraduate academic record through the fall of this current academic year.
* **Statement of financial need** – a typed statement describing your financial need for scholarship assistance and how the assistance will help you achieve your academic goals. Include a summary of all anticipated aid for the 2022-2023 academic year. Complete your Free Application for Federal Student Aid (FAFSA) form by the WSU priority date of December 1.

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| **Application Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last | | | | |  | First | | | | | | | |  | | Middle | | | | |  | | | Maiden or other | | | | | | | | |
| myWSU ID# | |  | | | | |  | | Date of Birth | | | |  | | | | | | | | | |  | | | | |  | Female | |  | Male |
| Mailing Address | | |  | | | | | | | | | | | | | | | | | | | | | | |  | Apt. # | | |  | | |
| City |  | | | |  | State | |  | | | |  | | | ZIP | | |  | | | |  | | | Phone | | |  | | | | |
| Email Address | | |  | | | | | | | | | | | | |  | | | Academic Major |  | | | | | | | | | | | | |
| Anticipated graduation date | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Do you plan to live in WSU student housing? | | | | | | | | | |  | Yes | | | |  | | No | | | | | | | | | | | | | | | |
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**Student Certification & Signature**

I certify that all answers I have given in this application are accurate to the best of my knowledge.

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.

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| Signature of Applicant |  | Date |

**Mail application and required attachments to:**

Wichita State University | Office of Financial Aid | Jardine Hall Rm. 203 |1845 Fairmount Street | Wichita, KS 67260-0024

**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, ethnicity, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran. The following persons have been designated to handle inquiries regarding WSU’s non-discrimination policies: the Institutional Equity and Compliance Director (Telephone: (316) 978-3205), Title IX Coordinator (Telephone: (316) 978-5177), or Equal Opportunity Coordinator (Telephone: (316) 978-3186), each located at Wichita State University, 1845 Fairmount, Wichita, KS 67260, Human Resources Building.

*Rev 12/2022*