2015-2016  
Washburn Women’s Alliance Scholarship Application

www.givetowashburn.org/wwa

1. **APPLICATION PROCESS –** Washburn Women’s Alliance (WWA) scholarships are for single parents with dependent children who will be enrolled in six or more credit hours per semester at Washburn. The WWA scholarship can only be used for tuition and books. If you are already a student, you must be in good standing. Scholarship funds may be used for fall and/or spring semesters. Summer semester awards will be considered on a case-by-case basis.

A complete WWA Scholarship Application includes the following five items:

1. **Application** that is complete and signed – ONLY this version will be accepted.
2. **Letter** introducing yourself and explaining why you are applying for this scholarship and why you want a college degree
3. **Character references** from any two of the following: teachers, professors or employers
4. **Current transcript** from Washburn, OR the college from which you are transferring, OR your high school if you haven’t started college
5. **Recent personal photo** that is appropriate for publication with your name printed clearly on the back

Please call (785) 670-4483 if you have questions about any of the above application components.

**IMPORTANT!** Applications must be **received no later than February 15, 2015** by the   
Washburn University Foundation, 1729 S.W. MacVicar, Topeka, Kansas 66604

**Complete this application using your computer**. First save it to your hard-drive. Then use your <Tab> key to move to the next fillable field or the <Shift> + <Tab> to go to the previous fillable field. To complete a checkbox, click on it or type an “X”. Be sure to save a completed copy of the form.

1. **SELECTION & AWARD PROCESS –** A committee of WWA board members will carefully evaluate each scholarship application packet and score it using a standardized procedure. Awards will be determined based upon these scores and availability of funds.
2. If you are awarded a scholarship, you will be notified of the amount by **April 1, 2015**.
3. Please note that WWA scholarship recipients are **required** to participate in two functions:

* Luncheon at Washburn’s Bianchino Pavillion on Monday, **May 4, 2015** at 12 noon, and
* Reception to honor recipients and donors held at Washburn’s Bradbury Thompson Alumni Center on Tuesday**, May 19, 2015** from 5 – 7 PM.

There is no cost to you for either of these functions.

1. **CONTACT INFORMATION**
2. Full Name
3. Age
4. Washburn Identification Number
5. Mailing Address
6. City, State, Zip
7. Area Code / Phone
8. Best time(s) to reach you by phone
9. E-mail
10. **HOUSEHOLD MEMBERS**
11. For each **dependent** child living with you, list the first name, last name and age:

|  |  |  |  |
| --- | --- | --- | --- |
| **First & Last Name of Child** | **Age** | **First & Last Name of Child** | **Age** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Yes  No – Do you have residential custody of ALL of the above children?

If not, explain the custody situation:

1. For each adult living with you, enter the first name, last name and his/her relationship to you. If no adult lives with you, enter “NA” in the first row of the table below.

|  |  |
| --- | --- |
| **First & Last Name of Adult** | **Relationship to You** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **EDUCATION BACKGROUND & GOALS**
2. Name of high school from which you graduated
3. Date of high school graduation or receipt of GED
4. Cumulative high school GPA (4.0 scale)
5. ACT or SAT score
6. List other colleges and dates attended
7. Cumulative college GPA (4.0 scale)
8. Washburn GPA for fall 2014 semester
9. If your GPA has decreased by .5 or more in your last two semesters, please explain:
10. Number of credit hours in which you expect to enroll:
    1. Spring 2015
    2. Fall 2015
    3. Spring 2016
11. Major and degree sought
12. Other areas of study emphasis
13. Anticipated graduation date
14. Briefly describe your career goals following your graduation from college:
15. **GRANTS, SCHOLARSHIPS & LOANS:**
16. Yes  No – Have you previously received a WWA scholarship?
17. Yes  No – Are you eligible for a **Pell Grant** for the coming school year?

Yes  No – If yes, have you applied for a Pell Grant for the coming school year?  
If yes, estimate the amount you expect to receive $

1. Yes  No – Have you applied for **other scholarships** for the coming school year?

If yes, estimate the amount you expect to receive $

1. Yes  No – Do you anticipate receiving **student loans** for the coming school year?

If yes, estimate the amount you expect to receive $

1. **Total anticipated financial aid in 2015-2016 school year** excluding a WWA scholarship (i.e. sum of items 2, 3 and 4 above) $
2. **HOUSEHOLD FINANCIAL RESOURCES**
3. **Child Support:**
   1. If you receive child support, what is the average monthly amount? $
   2. If you pay child support, what is the average monthly amount? $
4. **Employment:**
   1. Yes  No – Are you employed? If yes, please complete the following:
   2. Employer(s):
   3. Job title(s):
   4. Total average hours worked weekly:
   5. Total average monthly gross employment income $
5. **Support from Family or Non-Family Household Members:**  Check any of the following types of financial support you receive from your family in a typical month:
   1. Money – Average monthly amount $
   2. Living space
   3. Food
   4. Clothing
   5. Transportation
   6. Child care
   7. Health care
   8. Other assistance of monetary value – Explain:
   9. None of the above
6. **Government Assistance:** Check any of the following programs in which you or your children participate:
   1. CHIP (Children’s Health Insurance Program) or Medicaid
   2. SNAP (Supplemental Nutrition Program)
   3. TANF (Temporary Assistance for Needy Families)
   4. WIC (Woman, Infants & Children Program)
   5. Other government assistance – Explain:
7. **ADDITIONAL INFORMATION**
8. How did you learn about the WWA scholarship?
9. Yes  No – May WWA publish publicity and your photo on the Web, newspaper, etc., regarding any scholarship awards you receive?
10. Yes  No – May WWA forward your application to other organizations for consideration of financial assistance?
11. **OPTIONAL –** You may use the space below to provide any additional information you think would be helpful to the WWA Scholarship Committee as it evaluates your application packet.
12. **CERTIFICATION**

I certify that to the best of my knowledge the information contained in this WWA Scholarship Application packet is correct and complete. WWA has my permission to have Washburn University verify information. I will notify the Washburn University Foundation of any changes in my status.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* DEADLINE \*\*\***

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Please take care to make sure that your application packet is complete.

Incomplete application packets will not be considered.