www.givetowashburn.org/wwa

**APPLICATION INSTRUCTIONS**

Washburn Women’s Alliance (WWA) scholarships are for single individuals who:

1. will enroll in six or more credit hours per semester at Washburn University (WU) or Washburn Tech (WT),
2. have residential custody of one or more dependent child, and
3. are in good standing at WU, if currently a student there.

The WWA scholarship can be used for only tuition and books for the 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 items:

1. **Application** that is complete and signed – ONLY the current version will be accepted.
2. **Current transcript** from Washburn, OR the college from which you are transferring, OR your high school if you haven’t started college
3. **Current references** from any three of the following: current or former employers, teachers, and/or peer professionals. All references must be unrelated to you. Provide each reference with a copy of the **WWA Application Reference Statement.** After completing it, the reference will return it to you in a sealed envelope with his/her signature across the envelope’s seal.

Two versions of the WWA Scholarship Application are available: They are identical except that one is designed to be printed and filled out by hand, and the other is a Microsoft Word “fillable form” that can be completed using a computer. For ease of entry, you are encouraged to use the fillable version.

Application materials are to be printed or copied on only one side, with items in the order listed above and without staples.

Contact Jennifer Brown, WWA Coordinator at the Washburn University Foundation with questions about this application: [jbrown@wufoundation.org](mailto:jbrown@wufoundation.org) or (785) 670-4483.

**Please take care to ensure that your application packet is complete. An incomplete application will result in a lower score, negatively impacting the scholarship award.**

Applications must be **post-marked or hand delivered no later than Friday, February 12, 2016,** to the Washburn University Foundation, 1729 S.W. MacVicar, Topeka, Kansas 66604.

**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.

1. If you are awarded a scholarship, you will be notified of the amount by **April 1, 2016**.
2. Please note that WWA scholarship recipients are **required** to participate in two functions:

* Luncheon at Washburn’s Bianchino Pavillion on Monday, **May 2, 2016,** at 12 noon, and
* Reception to honor recipients and donors at Washburn’s Bradbury Thompson Alumni Center on Tuesday, **May 17, 2016,** from 4:30 – 7 PM.

There is no cost to you for either of these events. **Failing to attend either of these two functions without legitimate cause and prior notification could result in the revocation of your scholarship award.**

1. **CONTACT INFORMATION**
2. Full Name:
3. Age: \_\_\_\_\_\_\_\_\_\_\_\_
4. WIN#:
5. Mailing Address:

City, State, Zip:

1. Area Code / Phone:
2. Best time(s) to reach you by phone:
3. Washburn E-mail:
4. Personal E-Mail:
5. Preferred Method of Contact:  Phone  Email
6. **HOUSEHOLD MEMBERS**
7. For each **dependent** child living with you, list the first name, last name and age:

**Child’s First Name & Last Name Age Child’s First Name & Last Name Age**

1. Yes No Do you have full-time residential custody of ALL of the above children?

**If you answered “No”**, describe the living arrangements for each child, including the days and nights each child spends with each parent. If more space is needed, use a separate sheet of paper.

1. For each adult living with you, list 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.

**Adult’s First Name & Last Name Relationship**

1. **EDUCATION BACKGROUND**
2. Name of high school from which you graduated:
3. Date of high school graduation or GED receipt:
4. Cumulative high school GPA (4.0 scale):
5. List other colleges and dates attended:

1. Cumulative college GPA (4.0 scale):
2. Washburn GPA for fall 2015 semester:
3. If your GPA has decreased by .5 or more in your last two semesters, please explain:

1. Number of credit hours in which you will enroll for spring 2016:
2. Anticipated number of credit hours for fall 2016: \_\_\_\_\_\_\_\_\_\_\_ spring 2017:
3. Major and degree sought:
4. Other areas of study emphasis:
5. Anticipated graduation date:
6. **GRANTS, SCHOLARSHIPS & LOANS**
7. Yes No Have you previously received a WWA scholarship?
8. 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. Yes No **Total anticipated financial aid in 2016-2017 school year** excluding

a WWA scholarship (i.e. sum of items 2, 3 and 4 above $

1. **HOUSEHOLD FINANCIAL RESOURCES**
2. **Child Support:**
3. If you receive child support, what is the average monthly amount? $
4. If you pay child support, what is the average monthly amount? $
5. **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 $
6. **Support from Family, Other Individuals or Organizations:**  Check any of the following types of financial support you receive in a typical month:
   1. \_\_\_\_\_ Money $
   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
7. **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:

1. **ADDITIONAL INFORMATION**
2. How did you learn about the WWA scholarship?

1. Yes No May WWA publish publicity and your photo on the Internet, in newspapers,

and other media regarding any scholarship awards you receive?

1. Yes No May WWA forward your application to other organizations to be considered

for additional financial assistance?

1. **PERSONAL OVERVIEW**

On a separate sheet(s) of paper, use as much space as is needed to provide complete answers.

1. Introduce yourself and tell us about your path to this point in your life.
2. Why are you applying for this scholarship?
3. Why do you want to earn a college degree?
4. What are your immediate career goals following graduation from college?
5. What are your long-term career goals?
6. Describe your current and/or past school-related activities.
7. Describe your current and/or past community service involvement.
8. Describe current and/or past recognition and awards you have received.
9. Provide any additional information you think would be helpful to the WWA Scholarship Committee as it evaluates your application packet.
10. Your answer to this question will not impact your WWA Scholarship Application score.

If you are selected to receive a scholarship, would you consider speaking at the:

WWA Scholarship Reception held in May? Yes No  
  
Annual WWA Board Meeting held in September? Yes No

1. **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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