

GROW Workshop ~ June 10-12, 2009

STUDENT SCHOLARSHIP APPLICATION

Need-based scholarships are available. A parent or legal guardian should complete this application if your daughter has financial need and wants to be considered for a scholarship. This information will not be shared with anyone outside the WESP office.

Name of parent/ guardian

Name of student

Number of children in family

1. I am requesting a scholarship in the amount of:

\$50 \$100 \$150 \$200

2. Please check all that apply. (In the descriptions listed below, **immigrant or immigrated include both those with or without papers.**)

My daughter participates in the reduced fee lunch program.

My daughter would qualify for the reduced fee lunch programs but we choose not to participate.

My daughter's parents did not graduate from college.

My daughter is Latina.

My daughter is an immigrant.

One or more of more of my daughter's parents immigrated to the U.S.

One or more of my daughter's grandparents immigrated to the U.S.

My daughter will not be able to attend this event without financial assistance.

3. Please provide any other information you wish to share in helping us accommodate your needs. A short written statement is helpful. Use additional paper as needed.

Signature of Parent/Guardian

Date

[Signature indicates that all information is accurate to the best of your knowledge.]

Please send this application to Susan Arnold Christian at 125 Seaton Hall Kansas State University Manhattan KS 66506 or fax to 785-532-3349.

If you have any questions please call 785-532-6152.