

# Zachary W. Mesch Legacy Scholarship

## 2026 Application

### CONTACT INFORMATION

FULL LEGAL NAME

myWSU ID#

ADDRESS

PRIMARY E-MAIL

SECONDARY E-MAIL

PRIMARY PHONE#

SECONDARY PHONE#

### BACKGROUND INFORMATION

U.S. CITIZEN OR PERMANENT RESIDENT?

HIGH SCHOOL GRADUATION YEAR:

ARE YOU CURRENTLY EMPLOYED?

WORK HOURS PER WEEK:

EMPLOYER NAME:

JOB TITLE:

### WSU INFORMATION

MAJOR(s)

MINOR(s)

CURRENT CLASSIFICATION: (based upon total credit hours completed)

STUDENT STATUS: (Full or Half-time?)

ANTICIPATED WSU GRADUATION DATE:

(CONTINUE TO NEXT PAGE)

## **FRATERNITY & CAMPUS INVOLVEMENT**

Please list any positions you have held in the Sigma Phi Epsilon fraternity, please include start and end dates.

Please list any honors or awarded to you during your time at Wichita State University.

Please list any other involvement in the SigEp house (e.g., Intramurals, Greek Week, Hippodrome, etc.)

Please list any other involvement (e.g., community/volunteer activities, church, internships, etc.):

## **PHILANTHROPY**

Please describe your involvement in any SigEp philanthropic events, (e.g., Zach Mesch Chili Feed, etc.):

Please describe your involvement in any philanthropic events beyond SigEp:

SHORT ANSWER: Please describe what significance *philanthropy* has in your life:

## **ESSAY QUESTION**

Zach Mesch's time as a SigEp brother left a lasting legacy many can draw inspiration from, because of his passion for philanthropy and community involvement. What would you like your legacy to be within this SigEp chapter and the WSU campus?

Limited to 1,000 words, please attach separate pages.

**DEADLINE is August 1st, 2026**

**Please submit this application electronics to [zachswishes@gmail.com](mailto:zachswishes@gmail.com)**

**STUDENT CERTIFICATION AND SUBMISSION:** By completing and submitting this application for review, I certify that all answers I have given in this application are accurate to the best of my knowledge. I grant ZACH'S WISHES FOR MIRACLES permission to obtain information including, but not limited to, grade point average and enrollment status from WICHITA STATE UNIVERSITY to evaluate my eligibility and candidacy for scholarship awards. I understand this information will be kept in confidence and will be available only to the scholarship committee having a need to know for the purpose of scholarship determination.

**IF I AM AWARDED** the scholarship, I authorize ZACH'S WISHES FOR MIRACLES to publish my name as a scholarship recipient.

By typing my electronic signature or signing below, I acknowledge that I have read, agree to and will abide by the statements above.

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APPLICANT SIGNATURE

DATE

