

# **ZACH'S WISHES FOR MIRACLES SCHOLARSHIP APPLICATION**

## **CONTACT INFORMATION**

LEGAL FULL NAME

WSU ID#

ADDRESS

PRIMARY EMAIL ADDRESS:

SECONDARY EMAIL ADDRESS:

PRIMARY PHONE#

SECONDARY PHONE#

## **BACKGROUND INFORMATION**

U.S. CITIZEN OR PERMANENT RESIDENT? Yes No

HIGH SCHOOL GRADUATION YEAR:

HIGH SCHOOL GPA: GPAs will not be considered in this application.

HAVE YOU COMPLETED A BACHELOR'S DEGREE:

WHERE DID YOU COMPLETE YOUR DEGREE:

ARE YOU CURRENTLY EMPLOYED? HOURS WORKED PER WEEK:

EMPLOYER:

POSITION:

## **WSU INFORMATION**

MAJOR(s)

MINOR(s)

FALL 2024 CLASSIFICATION: (Based upon total credits completed)

ENROLLMENT STATUS (Full-Time/Part-Time)

ACCUMULATED GPA GPAs will not be considered in this application

**ACTIVITIES LIST:** High School activities will only be considered for current and incoming freshmen. Please include start dates and end dates for each activity.

Extracurricular Activities, offices held:

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Awards, Honors

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Community Service (ALL applicants may include high school and college activities):

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**ESSAY QUESTION – HOW HAS CANCER AFFECTED YOUR LIFE?**

Using no more than two pages, and in a double-spaced, legible, 12-point font, draw from any experience you feel is relevant but fully explain why the disease has had so much impact upon your life.

**Deadline is July 5, 2024**

**Please submit this application and your essay electronically 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



Submit this application electronically to: [zachswishes@gmail.com](mailto:zachswishes@gmail.com) by July 5, 2024