

Zachary W. Mesch Legacy

-Scholarship 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:

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

ARE YOU CURRENTLY EMPLOYED?

WORK HOURS PER WEEK:

EMPLOYER NAME:

JOB TITLE:

WSU INFORMATION

MAJOR(s)

MINOR(s)

FALL 2021 CLASSIFICATION: (based upon total credit hours completed)

FALL 2021 STATUS: (Full or Half-time?)

ANTICIPATED WSU GRADUATION DATE:

WSU GPA: GPAs will not be considered in this scholarship application

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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., Casino Night, Zach Mesch Chili Feed, etc.):

Please describe your involvement in any philanthropic events:

PHILANTHROPY (continued):

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

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 July 3, 2023

Please submit this application electronics to 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.

APPLICANT SIGNATURE

DATE

