

Submit securely online:
ksu.edu/sfa/upload

Deliver in person:
119 Anderson Hall | 919 Mid-Campus Drive North
Manhattan, Kansas 66506-0107

Student Information

Student's Name (Last, First, MI)

Wildcat Identification Number

Student's Street Address

Student's Date of Birth

City

State

Zip Code

Student's Email Address

Please mark your status as a degree-seeking student:

- ☐ I am enrolled as a full-time undergraduate student.
- ☐ I am enrolled as a graduate student.
- ☐ I am enrolled as a veterinary medicine student.
- ☐ I am enrolled less than full-time as an undergraduate student. *(Applicable to spouses only)*

I request that this grant be awarded for: ☐ Fall 2025 / Spring 2026 ☐ Fall 2025 only ☐ Spring 2026 only

Signature of Student (required)

Date

K-State Employee Information

- ☐ Student listed above is a dependent child of mine. ☐ Student listed above is my spouse. ☐ Deceased Employee
"Dependent" refers to a natural, step, adopted, or foster child under the age of 25, who is unmarried.

By signing below:

- I confirm that I have read and understand the eligibility criteria found at ksu-state.edu/sfa/aid/etb/dsg.html
- I expect to carry a **full time (0.9 FTE or above), benefits eligible** appointment or a term employee with at least 5 years of service with Kansas State University throughout the 2025-2026 academic year.
- I understand that misrepresentation of any information provided on this application may result in a penalty including, but not limited to, repayment of any K-State Dependent/Spouse Grant(s) received.

Printed Name of K-State Employee (Last, First, MI)

K-State Employee Identification Number

Signature of K-State Employee (required)

Date

Department Certification

By signing below, I certify that the above listed K-State employee is currently employed with Kansas State University and I anticipate, at this time, that he or she will be employed in a **full-time (0.9 FTE or above), benefits eligible**, appointment and is expected to remain employed throughout the academic semester(s) indicated above.

Department Name

Signature of Department Head (required)

Printed Name of Department Head (required)

Date