

Return this completed form to:

104 Fairchild Hall | 1601 Vattier Street  
Manhattan, KS 66506-1104

Office 785-532-6420 | Fax 785-532-7628  
Website [ksu.edu/sfa](http://ksu.edu/sfa) | Email [finaid@ksu.edu](mailto:finaid@ksu.edu)

## 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 2019 / Spring 2020  Fall 2019 only  Spring 2020 only

Signature of Student (required)

Date

Digital signatures are not accepted.

## 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 [k-state.edu/sfa/aid/etb/dsg.html](http://k-state.edu/sfa/aid/etb/dsg.html)
- I expect to carry a **full time (0.9 FTE or above), benefits eligible, regular** appointment with Kansas State University throughout the 2019 - 2020 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

Digital signatures are not accepted.

## 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, regular** 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

Digital signatures are not accepted.