KANSAS STATE UNIVERSITY | Office of Student Financial Assistance

2026-2027

Dependent / Spouse Grant Application

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 2026 / Spring 2027 ☐ Fall 2026 only ☐ Spring 2027 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:

1. I confirm that I have read and understand the eligibility criteria found at k-state.edu/sfa/aid/etb/dsg.html
2. 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 2026-2027 academic year.
3. 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