KANSAS STATE UNIVERSITY

Office of Student Financial Assistance

Return this completed form to:

Submit securely online:
ksu.edu/sfa/upload

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

Student Information

_____
Student's Name (Last, First, MI)

_____
Student's Street Address

_____
City   State   Zip Code

_____
Wildcat Identification Number

_____
Student's Date of Birth

_____
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 2020 / Spring 2021   ☐ Fall 2020 only   ☐ Spring 2021 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:
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, regular (non-term)** appointment with Kansas State University throughout the 2020 - 2021 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
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 (non-term)** 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.