

2022 – 2023 GUARDIAN ANGEL SCHOLARSHIP

Turn in a completed application, with all applicable signatures, essay question responses, and the required two recommendation forms (references from health care professionals will be given more Points over the standard reference) by January 20, 2023.

If your application packet is incomplete, inaccurate, or not signed, it will not be considered.

Eligibility Criteria:

- Must be enrolled in the first semester of Practical Nursing (1st or 2nd semester for evening)
- Must identify as non-white
- Must be financially needy (eligible for Pell Grant)
- Must be a Kansas resident
- Must be making Satisfactory Academic Progress in all enrolled courses (earning a "C" or higher in all enrolled courses)

Award Amount: \$1,000 to be awarded spring semester 2023 and renewal for following semester if a 2.5 or better Grade Point Average is achieved at the end of the current semester.

Personal Information: Please print clearly		
Student Name:	Student WIN#	
Home Address:		
City:C	unty: State: Zip Code:	
Home Phone:	Cell/Other Phone:	
Program:	Gender (please select one) □Male □Female	
Washburn Email address:		
What is your ethnicity?		
☐ Hispanic or Latino ☐ Not Hispanic or Latino		
Race:		
□American Indian/Alaska Native □Asian □African	American □Native Hawaiian/Other Pacific Islander □White	
□Chicano □Puerto Rican		
Education History:		
Are you a high school graduate? Yes No If yes, when/where did you graduate?		
If no, are you currently attending high school? Yes No If yes, which one?		
Do you have your GED? Yes No If yes, when did you receive it?		
Have you previously attended Washburn Tech/Kaw Area Technical School? Yes No If yes, when? What program/course did you take?		
Are you also attending Washburn University this ser		

Please answer the following questions about yourself. Your complete answer should be between 3 to 5 sentences per question.

Typed answers are recommended but hand-written answers will be accepted if the handwriting is neat and legible.

- 1. What prompted you to choose a career in nursing?
- 2. What is your philosophy of patient care?
- 3. What are your immediate plans after completing the Practical Nursing program?
- 4. Tell us about any person who has served as your mentor. In what way did that person help you grow and develop?
- 5. What characteristics do you possess that will help you experience success?

After completing this application, initial the Authorization Information statements, then sign and date. Submit the completed application packet to the Washburn Tech Financial Aid Office. We will accept electronic submission or paper copy.

Authorization Info	rmation:	
(Initial)	I authorize Washburn Institute of Technology (Washburn Tech) staff to access all of my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for Washburn Tech.	
(Initial)	If funds are available in future semesters, I understand I may be eligible for a renewal scholarship if I meet the requirements.	
I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and/or scholarship donor(s). I understand that inclusion of false or misleading information on this application will result in my being declared ineligible for this scholarship.		
Student Signature	: Date:	

Washburn University <u>prohibits discrimination</u> on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, <u>eodirector@washburn.edu</u>.