| | TRIO Studer&upportServices Scholarship | | | | | | | |
|----------------------|---|--|--|--|--|--|--|--|
| | WZ]o]‰ ~ 'o}Œ] & ŒZ ^ Z}¢ | | | | | | | |
| | ApplicationForm | | | | | | | |
| Deadli | ne 11:59pm(CentralTime)on K š } Œ î i U î i î ï Award \$ í U ï & 00 | | | | | | | |
| Criteria | | | | | | | | |
| 1. 2. 3. 4. | Scholarship will be awarded based on the following four criteria: 1. Tier 1 criteria [refer to page 2 or Tier 1 criteria] 2. Tier 2 criteria (see below & also listed on the SSS endowed scholarship webpage) 3. Academic Achievement 4. Financial Need | | | | | | | |
| Instruc | APPLICATION/UST BE TYPED | | | | | | | |
| x x | FillSection 01: Demographingformation - Provideand certify demographics FillSection 02: Estimated Costs alndome -provide estimated cost of attendance for Fall 2022nid your income | | | | | | | |
| x E g | Application musbe typed. Essays must be typed, double-spaced th TimesNew Romanformat, 12-point fontand freeof grammaticalerrors. Each ofthe essays mustollof المتعدة المعالية المع المعالية المعالية ال المعالية المعالية المعال | | | | | | | |
| × 0 | Submission of incorrectScholarship Application | | | | | | | |
| | Submission dan incorrectscholarship Application | | | | | | | |
| | ncomplete Applications missing and/or duplicate essays incomplete entries on application form | | | | | | | |

| SECTION 01: Name and Demographic Information | | | | | | | |
|---|-----|--|----------|--|--|--|--|
| Name | | | | | | | |
| Preferred Name | | | myWSU ID | | | | |
| Shocker Email | | | Phone | | | | |
| Certification: | | | | | | | |
| I certify the information I am providing on this application is true and correct to the best of my knowledge understand this application is subject to review and verification. I also understand any fraudulent informa given will result in immediateisqualification. If I am a recipient of a scholarship, I agree to participate in various program promotional activities and submithank you letter to the donor. | | | | | | | |
| Applicant eSignat | ure | | Date: | | | | |
| Please describe below any unusual circumstances arding you or your familys financial situation that you would like us to consider (answering this is optional). | | | | | | | |
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| SECTIO |)N20 | }00 | P } | • š | V | / v | } u |
|----------------|------|-----|-----|-----|---|-----|-----|
| Instructions | | | | | | | |
| Visit <u>2</u> | | | _ | | | | |
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| SECTION30 Essaş | | |
|---|--|--------|
| Instructions: | | Scores |
| x Essays must be at leas t pageslong | | |
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| | SECTION40 Advocacy/Participation | | | | | | |
|-----|---|---|------------------------|--------|----|---|--|
| Ple | ease provide information on yc | our advocacy & participa | ati tor bonus p | points | | | |
| | Have you ever referred a stu | dent to the SSS Progra | Yes | | No | | |
| | List the name(s) of the stud | List the name(s) of the student(s) you referred | | | | | |
| A | | | | | | | |
| | Have you participated iany of workshops? | themonthly | Yes | | No | | |
| | If so, which on the ? | | I | | | 1 | |
| В | | | | | | | |
| С | Have you attended your monthly advising appointments? | | Yes | | No | | |
| | Who is your Advisôr | | | | | | |