

# Construction Science and Management Supplementary Scholarship Information

Department of Architectural Engineering and Construction Science

- This information is intended to be supplementary to the Student Financial Assistance Scholarship Application Form. Students **MUST ALSO** complete the SFA General Application Form. This form may be found on the Website at:

<http://www.ksu.edu/sfa/scholarships/apply/>

- The applying student must carry at least 12 credit hours a semester while receiving this scholarship.

## PERSONAL INFORMATION

(please print or type)

1. a. Career: Preference

<input type="checkbox"/> Commercial/Industrial Building Const. <input type="checkbox"/> Heavy/Highway Construction <input type="checkbox"/> Utility Construction <input type="checkbox"/> Residential Construction	<input type="checkbox"/> Mechanical Contractor <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> Other Specialty Contractor
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

(Check all that apply)

2. Date of Graduation \_\_\_\_\_ (month & year)

3. \_\_\_\_\_ - \_\_\_\_\_  
 Last Name                      First                      Middle                      Wildcat Id Number

4. Manhattan Address: \_\_\_\_\_ Permanent Address \_\_\_\_\_  
 Manhattan Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

5. Guardian or nearest relative: \_\_\_\_\_  
 Name

6. Where will you be living during the period of requested aid?  
 Residence Hall       Scholarship House       Jardine Terrace  
 Fraternity House       Off-Campus       Sorority House

7. Vehicles registered in your name

Year	Make	Model	Approx. \$ value	Year	Make	Model	Approx. \$ value
8. Family Information: <input type="checkbox"/> Married <input type="checkbox"/> Single							

a. Number of dependent children: \_\_\_\_\_

Name	Age	
Name	Age	
Name	Age	

b. If married, complete the following information:

Spouse's Name: \_\_\_\_\_ Wildcat Id Number: \_\_\_\_\_ - \_\_\_\_\_ (if applicable)  
 Address (if different from yours)

\_\_\_\_\_ Street                      \_\_\_\_\_ City                      \_\_\_\_\_ State

Spouse's occupation: \_\_\_\_\_ Spouse's employer: \_\_\_\_\_

Spouse's **present** monthly gross income: \_\_\_\_\_ Has spouse applied for financial aid? \_\_\_\_\_ If YES, what aid has been received? \_\_\_\_\_

9. List any education institution you have attended (including presently) and credit earned.

School	Credit Hours	Dates	
		From	To

10. Is this application based upon financial need?  Yes  No

11. List financial aid you have received in previous years.

GRANTS	Institution	Amount	Date
Basic Educational Opportunity Grant	_____	\$ _____	_____
Supp. Educational Opportunity Grant	_____	\$ _____	_____
College Work-Study	_____	\$ _____	_____
Health/Profession Loan/Grant	_____	\$ _____	_____
<b>OTHER GRANTS</b>	_____	\$ _____	_____
<b>LOANS</b>			
National Defense/Direct Student Loan	_____	\$ _____	_____
Law Enforcement Education Grant/Loan	_____	\$ _____	_____
<b>OTHER LOANS</b>	_____	\$ _____	_____

**SCHOLARSHIPS**

Scholarship name	University/college	Amount	Date
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

12. ANTICIPATED INCOME AVAILABLE TO MEET EXPENSE (school year for which aid is requested and the previous summer)

Source	Applicant	Spouse
Personal funds (cash, savings, etc.)		
Private loans		
Total summer earnings		
Earnings from GTA, GRA, GP, or fellows tenths time appointment		
Earnings while in school (exclude college work-study and campus work)		
Scholarship received - List Source above in item 11.		
Veteran's benefits		
Welfare benefits		
Social Security		
Alimony		
Other income - Source:		
Total Income		

13. EXPENSES (During school year for which aid is requested) (Your best estimate)

Item	Applicant	Spouse
Tuition and fees		
Housing		
Food		
Books and supplies		
Clothing, linen, and laundry		
Personal care		
Medical care		
Transportation		
Child care		
Unusual expenses (attach separate sheet if necessary)		
Total Expenses		

14. If there are financial circumstances not adequately reflected above, please include on a separate page.
15. On an attached sheet of one page or less, write a brief description of your campus and/or community activities during your college career. (Please indicate the organizations in which you are an active member and separately indicate the activities that you have undertaken.)
16. On a separate attached sheet of one page or less, write a brief essay stating your goals in the Architectural Engineering or Construction Industry.

I certify that the above information is correct to the best of my knowledge and any inaccurate information will be considered as cause for this scholarship to be revoked. I also agree to release copies of my U.S. or State Income Tax Returns upon request to the College of Engineering.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

**DO NOT WRITE BELOW THIS LINE**

VERIFICATION OF ACADEMIC RECORD  
(To be completed by scholarship committee)

Grade point average \_\_\_\_\_

Class standing in program \_\_\_\_\_  
(freshman, sophomore, junior, senior)

**NOTE: Please recheck the form for completeness. Be sure to attach additional pages in response to questions 15 and 16.**