

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 2024 / Spring 2025 Fall 2024 only Spring 2025 only

Signature of Student (required) Date
Digital signatures are not accepted.

K-State Employee Information

- Student listed above is a dependent child of mine. *"Dependent" refers to a natural, step, adopted, or foster child under the age of 25, who is unmarried.*
- Student listed above is my spouse.
- Deceased Employee

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](https://ksu.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 2024-2025 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