

**HINDMAN APPLICATION
WASHBURN UNIVERSITY
TOPEKA KS 66621**

Please type or print the following information:

Last Name _____ First Name _____

Address _____

City State Zip _____ Age _____

Social Security Number _____ Phone Number _____

Parent's Name _____

Parent's Address _____

Current Status

I will/did graduate from _____ High School in (date) _____

I plan to major in _____ My career choice is _____

List school/community activities. Use the reverse side if necessary.

List special honors/awards you have received.

List three references with complete mailing addresses. Include either high school counselor or Washburn graduate as one of the references.

Applicant's Signature _____ Date _____

High School Counselor's signature required for potential grads _____

I understand the University will disclose information about me to Washburn Endowment Association and/or third party providing me a scholarship award, as permitted by the Family Educational Rights and Privacy Act, necessary to ensure the terms and conditions of such scholarship(s) have been met and further, I consent to the disclosure of my name and scholarship award amount to the donor(s) of the fund(s) from which the award is made.

Applicant's Signature _____ Date _____