

Division of Access and Community Impact Award Application

Thank you for your interest in applying for the OSU-CHS Division of Access and Community Impact Awards Program. Please complete the following application and return it to our office, Suite 216, North Hall, or e-mail to accessemntyimpact@okstate.edu.

NAME		STUDENT CWID	<u>—</u>
LOCAL ADDRESS			
CITY	STATE	ZIP	
EMAIL ADDRESS			
PHONE	DATE OF BIR	TH	
ARE YOU A RESIDENT OF	FOKLAHOMA?Y	ES NO	
LIST YOUR PROGRAM OF	STUDY		_
Cumulative GPA	Anticipated Graduation	Date	
		t, when and why of the expense. I transactions must be made with t	
debit card used, covering sens the card. Bring or mail the co	sitive information but showing t impleted form with attachments	agenda or program. Scan a photo of the name of the cardholder and las to Division of Access and Commu hecks usually take three to four we	t four digits of unity Impact,