

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, |
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