

## DSU High Impact Student Scholarship

Student's First Name \_\_\_\_\_ Student's DSU ID# \_\_\_\_\_

Student's Last Name \_\_\_\_\_ Student's Phone # \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Total credits this semester \_\_\_\_\_

Major \_\_\_\_\_ Year in School \_\_\_\_\_

Type of Program (*Check box below.*)

Service Learning                       Civic Engagement                       Study Abroad  
 Undergraduate Research               Experiential Learning                       Other \_\_\_\_\_

Program Title \_\_\_\_\_

Faculty/Supervisor's Name \_\_\_\_\_ Course \_\_\_\_\_

Department \_\_\_\_\_ Dates of the Program \_\_\_\_\_

Cost of Program and/or Number of Hours Required by the Student \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (Students will only be funded up to 50% of the total cost, not to exceed \$500.)

Send Applications To: Ali Threet at [threet@dixie.edu](mailto:threet@dixie.edu) or drop it off in the Career Center.

Scholarship Deadlines: October 15<sup>th</sup>, November 15<sup>th</sup>, February 15<sup>th</sup>, April 15<sup>th</sup>

Dixie State University's High Impact Scholarships are funded through Dixie 2020 Strategic Plan funding. If you are awarded the scholarship, you will be expected to fulfill the following requirements:

- Present on your high impact practice at a monthly committee meeting
  - More details will be provided after you have been awarded the scholarship
- Complete a follow-up survey

**To be considered for the scholarship, you must write a response to each statement below.**

1. Tell us about the program you want to participate in.
2. Explain the financial need you have and how the scholarship will help.
3. Please share other experiences or opportunities you've had that are similar to this opportunity.
4. Why would you like to participate in the program?
5. How does this experience help reinforce your educational and career goals?

### Requirements:

- **Students must be enrolled in at least 12 credits**
- **Students must have at least a 3.0 cumulative GPA**
- **The application must be typed and contain both required signatures**
- **Students must provide a letter of recommendation that addresses why they deserve to go on this trip.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

DSU Faculty/Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_