SCHOOL OF NUTRITION AND DIETETICS College of Health Professions The University of Akron

Scholarship Application

Application Deadline – All applications due by April 2nd

All applications must be typed. Complete one application only. Scholarship recipients will receive written notification by May 7th

Name			Student ID#
Mailing Addre	ess		City
State	Zip	Phone	Email
Major			
Current Acade Check One: () Fre () Sop	emic Status in eshman (ohomore (Major:	
Check One:	() Full-time s () Part-time	tudent (minimum 12 h student	nours per semester)
Cumulative G	PA	Major GPA	
Expected Date	e of Graduatio	າ	
Please attach	a current one	- to two-page résumé.	
Please list you Grants	-	nancial aid (including c	dollar amounts) for 2018-2019:
Scholarships			
Employer tuit	ion assistance_		

List campus organizations of which you are a member/officer

Organization	Position/Office Held
(Use more space if needed)	
List and describe community and/or volunt	eer activities in which you have participated
(Use additional space if needed)	
List any awards, honors, etc. you have recei	ived:
(Use more space if needed)	
Please list your paid work experience (if not	t on your résumé):
Comment on your need for financial assista	nce:

At the end of this document please type a summary of your professional goals for the next five years and state why you believe you should receive a scholarship. (No more than 1 typed page.)

Is your application complete? It should contain the following information:
() Typed application form
() One-page statement of professional goals and why you feel that you should receive a scholarship
() One-page résumé sent as an attachment in Word or PDF format

Please return a hard copy of the completed application materials to Christin Seher, Scholarship Committee Chair, by dropping your application in 210 mailbox by the submission deadline. Late applications will not be considered.