



**Please list your expected financial aid (including dollar amounts) for 2018-2019:**

Grants \_\_\_\_\_

\_\_\_\_\_

Scholarships \_\_\_\_\_

\_\_\_\_\_

Employer tuition 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 volunteer activities in which you have participated:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use additional space if needed)

**List any awards, honors, etc. you have received:**

\_\_\_\_\_

\_\_\_\_\_

(Use more space if needed)

**Please list your paid work experience (if not on your )::**

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**Comment on your need for financial assistance:**

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**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**
- Official Academic Transcript**

**Please send an electronic copy of the completed application to Kathy Schupp in the Nutrition Center at [kschupp@uakron.edu](mailto:kschupp@uakron.edu) by the submission deadline. No late applications will be considered.**