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 Address			City	
State	Zip	Phone	Email	
Major				
Check One: () Free	lemic Status ir eshman phomore nior	,		
Check One:	() Full-time () Part-time	student (minimum 12 e student	hours per semester)	
Cumulative G	ipa	Major GPA		
Expected Date of Graduation				
Please attach a current one- to two-page résumé.				
Please list yo Grants	•	inancial aid (including	dollar amounts) for 2018-2019:	
Scholarships				
Employer tuit	tion 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)

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.