

The University of Akron  
College of Business Administration  
Scholarship Application for Incoming Students

Scholarships for which you would like to be considered

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Name \_\_\_\_\_ Soc. Sec./ID No. \_\_\_\_\_

Home address \_\_\_\_\_

Home phone no. \_\_\_\_\_ ACT or SAT Score \_\_\_\_\_

High school GPA \_\_\_\_\_ High school graduation date \_\_\_\_\_

Extracurricular activities in high school \_\_\_\_\_

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If employed, where and how many hours per week? \_\_\_\_\_

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Have you applied for admission to The University of Akron? \_\_\_\_\_

Intended major of study \_\_\_\_\_

Explain your circumstances of financial need \_\_\_\_\_

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I certify that, to the best of my knowledge, the information supplied above is true and accurate.

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Signature of Applicant

Date

RETURN COMPLETED FORM BY **FEBRUARY 28** TO:

Andrienne Calderon  
Chair, CBA Scholarship Committee  
College of Business Administration  
The University of Akron  
Akron, OH 44325-4805