

Department of Marketing
Scholarship Application Form for Current Students

Scholarship You Are Applying For _____

Name _____ Student I.D. No. _____

Street Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____ Phone Number _____

Major _____ Credits Completed _____

Minor _____ Credits Completed _____

Cumulative GPA _____ Expected Graduation Date _____

Enrollment Status: Full-time = 12 or more credits Part-time = 6 -11 credits

Fall 2005: ____ Full-time ____ Part-time

Spring 2006: ____ Full-time ____ Part-time

Please attach your resume and a one-page essay which addresses the items listed below. Put your full name at the top of the page of your essay.

- what factors resulted in your decision to study business?
- why did you decide to pursue your particular major/minor?
- what makes you stand out (highlight awards, activities, leadership skills)?
- are you employed? If you are, where and for how many hours per week?
- what are your future career goals?
- why do you need this scholarship (explain your circumstances of financial need)?

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

Signature of Applicant

Date

RETURN COMPLETED FORM BY **APRIL 1** TO:

Mrs. Karen Nelsen
Scholarship Committee
Department of Marketing
The University of Akron
Akron, OH 44325-4804