

# Continuing Students & Transfer Students

## Undergraduate Scholarship Application

### The University of Akron

**Continuing & Transfer Students** must submit an Undergraduate Scholarship Application by **May 1** (November 1 for mid-year transfer students) to be considered for scholarships for the following academic year.

**Please note:** You may also wish to contact your college and/or academic department for possible scholarship opportunities and applications required.

For what enrollment period are you applying for scholarship assistance? (indicate year)					Student I.D. or SSN
Summer Sessions 20_____ Fall Semester 20_____ Spring Semester 20_____					
Last name (use legal name)		First	Middle Initial	Date of Birth	Gender (Optional)
Permanent address: Number and street			City	State	Zip
County					County
Telephone	E-mail address		College Major		Expected graduation date
Year in college during enrollment period for which you are applying				Univ. of Akron fee remission	Transfer student
<input type="checkbox"/> New Freshman <input type="checkbox"/> Continuing freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate enrollment status for each term during the enrollment period for which you are applying → (FT = full-time; PT = part-time; Co-op; NE = not enrolled)					Summer _____ Fall _____ Spring _____
Name of parent, guardian or spouse (if applicable)			Father's/Spouse's/Applicant's employer (circle one)		
Mother's employer (for dependent student only)		Annual family income		Number of family members that are... dependent on this income:	
				enrolled full-time in college:	
Name of senior high school last attended				Year of high school graduation	
List previous University of Akron scholarships (if any)					
If you wish to be considered for a specific scholarship or award, please indicate. (Only one application is necessary)					
You may submit a summary of school and community activities and service, particularly those activities in which your leadership skills were exhibited. Also include any additional personal factors you would like us to consider in determining your scholarship eligibility. If necessary, attach additional sheet(s).					
I certify to the best of my knowledge, that the information contained in this application is true and accurate, and I will provide proof of income upon request. By signing this release, I acknowledge that application information and my academic record may be released if in relation to, receipt of, or application for scholarship assistance while I am a student at The University of Akron.					
SIGNATURE: X					Date:
SEND TO: Office of Student Financial Aid, The University of Akron, Akron, OH 44325-6211					