

The University of Akron New Freshmen Supplemental Information Form

New freshmen will be awarded scholarships based primarily on high school academic records and ACT/SAT test scores on file with the Office of Admissions. Students must be fully admitted to The University of Akron by April 1 in order to be considered for all available scholarships. Students with additional personal factors that they would like to have considered may complete this form for that purpose.

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

Telephone	E-mail address	College Major
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Did either of your parents graduate with a degree from The University of Akron? <input type="checkbox"/> Yes <input type="checkbox"/> No	Univ. of Akron fee remission <input type="checkbox"/> Yes <input type="checkbox"/> No	PSEOP in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____
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Name of parent, guardian or spouse (if applicable)	Father's/Spouse's/Applicant's employer (circle one)
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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
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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.

X SIGNATURE	Date
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SEND TO: Office of Student Financial Aid, The University of Akron, Akron, OH 44325-6211