NUTRITION AND DIETETICS ADVISORY BOARD The University of Akron

All applications must be typed. Complete one application only. Scholarship recipients will receive written notification by April 30th

Name			Student#	
Mailing Address			City	
State	_Zip	Phone	Email	
Major				
Current Academic Status in Major: Check One:			Expected Date of Graduation Month/Year	
() Junior() Senior	() I () O	Post Baccalaureate Graduate Student		
	time studen time studer	_	er undergraduate, 9 hrs graduate)	
Accumulative GPA _	Ma	ajor GPA		

- Please attach a current one- to two-page résumé
- Please include official academic transcript

Please list your expected financial aid (inclu	ding dollar amounts) for 2018-2019:
Grants	
Scholarships	
Employer tuition 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 volunte	eer activities in which you have participated:
(Use additional space if needed)	
List any awards, honors, etc. you have receive	ved:
(Use more space if needed)	

Please list your paid work experience (if not on your résumé):
Comment on your need for financial assistance:
00222220000 021 J 0 W2 202 202 202 00000000000000000000
At the end of this document please type a summary of your professional goals for the next
five years and state why you believe you should receive a scholarship. (No more than 1 typed page.)
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
() Official Academic Transcript

Please send an electronic copy of the completed application to Kathy Schupp in the Nutrition Center at kschupp@uakron.edu by the submission deadline. No late applications will be considered.