SCHOOL OF NUTRITION AND DIETETICS College of Health Professions The University of Akron

Scholarship Application

Application Deadline – All applications due by April 2nd

All applications must be typed. Complete one application only. Scholarship recipients will receive written notification by May 7th

Name	Student ID#
Mailing Address	City
StateZipPhone	Email
Major	
Current Academic Status in Major: Check One:	
Check One: () Full-time student (minimum 12 hours per () Part-time student	r semester)
Cumulative GPA Major GPA	
Expected Date of Graduation	
Please attach a current one- to two-page résumé.	
Please list your expected financial aid (including dollar am 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	er 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 assistar	nce:

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

Please return a hard copy of the completed application materials to Christin Seher, Scholarship Committee Chair, by dropping your application in 210 mailbox by the submission deadline. Late applications will not be considered.