THE UNIVERSITY OF AKRON
ALUMNI ASSOCIATION

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LEGACY SCHOLARSHIP APPLICATION

The University of Akron Alumni Association established the Legacy Scholarship program in 2001 through its governing body, the National Alumni Board of Directors. The Legacy Scholarship assists as many full-time undergraduate students as possible - with limited funds - who are the children, grandchildren or under legal guardianship of a University of Akron alumnus/a. The scholarship symbolizes the University's commitment to community and student support and recognizes the importance of providing funds to retain students and assist them towards earning a college degree.

ELIGIBILITY

To be eligible to apply for this competitive scholarship, applicants must meet the following criteria:

1. Parent, grandparent or guardian must be a University of Akron alumnus/a.
2. Applicant must be a full-time undergraduate for the following year.
3. Demonstrate leadership abilities and community activities, including community service.

SCHOLARSHIP INFORMATION AND SELECTION PROCESS

The total number of scholarships and award amounts given per year will be based upon available funds from the endowment and may be renewable. Recipients must enroll full time in both semesters to receive the full award.

There are no restrictions to applicants based on age, gender, race, nationality, country of origin, physical disability, veteran status, or sexual orientation.

APPLICATION DEADLINE

The complete application package must be **emailed or postmarked no later than Monday, February 9, 2026**, which includes the scholarship application, and essay to:

The University of Akron
Alumni Association
Akron, OH 44325-2602

Or alumni@uakron.edu

For questions or more information, contact The University of Akron Alumni Association at 330-972-7271 or via e-mail at alumni@uakron.edu.

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LEGACY SCHOLARSHIP APPLICATION

Have you previously received the Legacy Scholarship? Yes ☐ No ☐

PERSONAL INFORMATION

Student's Full Name (First, MI, Last):			Student ID #:
Address:			Birth Date:
City/State:	Zip:	Home Phone: Preferred: ☐	
UA Email Address:		Cell Phone: Preferred: ☐	

EDUCATIONAL INFORMATION

Grade Point Average:	Expected Graduation Date:
Major or field of study:	

LEGACY INFORMATION

Please provide the following information for any parent(s), grandparent(s) or guardian(s) who received a degree from The University of Akron. Applicant must list at least one alumnus/a to qualify.

Relative Name (First, MI, Maiden, Last):	
Address:	City/State/Zip:
Preferred E-mail Address:	Home Phone: Preferred: ☐
Graduating Class Year(s):	Cell Phone: Preferred: ☐
Degree: Associates ☐ Bachelors ☐ Masters ☐ Doctorate ☐	Major(s):
Employer:	Title:
Relationship to applicant: Parent ☐ Grandparent: ☐ Guardian: ☐	

Relative Name (First, MI, Maiden, Last):	
Address:	City/State/Zip:
Preferred E-mail Address:	Home Phone: Preferred: ☐
Graduating Class Year(s):	Cell Phone: Preferred: ☐
Degree: Associates ☐ Bachelors ☐ Masters ☐ Doctorate ☐	Major(s):
Employer:	Title:
Relationship to applicant: Parent ☐ Grandparent: ☐ Guardian: ☐	

Relative Name (First, MI, Maiden, Last):	
Address:	City/State/Zip:
Preferred E-mail Address:	Home Phone: Preferred: ☐
Graduating Class Year(s):	Cell Phone: Preferred: ☐
Degree: Associates ☐ Bachelors ☐ Masters ☐ Doctorate ☐	Major(s):
Employer:	Title:
Relationship to applicant: Parent ☐ Grandparent: ☐ Guardian: ☐	

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PERSONAL ACHIEVEMENTS/ACCOMPLISHMENTS

If you need additional space, please submit information on an additional sheet of paper and include as an attachment to your application. Please print legibly or type your responses.

1. **UA Involvement – Include Leadership Positions Held and Years of Membership**
   (i.e., clubs, extracurricular activities, performing arts, athletic participation)

2. **Community or Volunteer Service – Include Years of Involvement**

3. **Awards and Special Honors**

ESSAY

On a separate sheet of paper please submit a typed essay answering the following question. Please limit your essay to one page.

What have you gained from your time as an Akron Zip so far?

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APPLICANT CERTIFICATION

Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate and that all statements and essays are my own work. The University of Akron Alumni Association Legacy Scholarship may be denied or revoked if any information is found to be incomplete or inaccurate. I give permission to The University of Akron Alumni Association to contact the Office of Financial Aid to obtain information from my Free Application for Federal Student Aid (FAFSA) and other records including GPA. Should I receive an award, I give permission to The University of Akron Alumni Association to utilize my name and award amount in any publicity or marketing materials.

Signature of Applicant Date

Deadline for Submission is February 9, 2026

Please return this application and essay to:

The University of Akron
Alumni Association
Akron, OH 44325-2602

Or alumni@uakron.edu

For Office Use Only:

Signed Application: Yes ☐ No ☐	Alumni Information Verified: Yes ☐ No ☐
Essay Included: Yes ☐ No ☐	Application Received On-Time: Yes ☐ No ☐