



The University of Akron  
Center for IT & eBusiness

College of Business Administration

**Minor Student Tuition Scholarship Application Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Number of credits completed: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Why did you choose major in MIS?

I certify that, to the best of my knowledge, the information supplied in this application is true and accurate.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**RETURN COMPLETED APPLICATION FORM TO:**

Dr. B. Vijayaraman at [bsv@uakron.edu](mailto:bsv@uakron.edu)  
Center for Information Technologies & eBusiness,  
College of Business Administration  
The University of Akron, Akron, OH 44325-4805