

AKRON INTERNATIONAL SCHOLARS AWARD APPLICATION

APPLICANT INFORMATION

Given Name:	Middle Name:	Surname:
Date of Birth:	Gender:	Phone:
Email:	Current Address:	
City:	State/Region/Province:	Postal Code:
Country of Residence:	Country of Birth:	
Name of High School:		Year of High School Graduation:
Intended Major at UAkron:		Intended Entry Term:

PARENT INFORMATION #1

Given Name:	Middle Name:	Surname:
Age:	Relationship:	Country:
Current Address:		
City:	State/Region/Province:	Postal Code:
Occupation/Title:	Years at Employer:	

PARENT INFORMATION #2

Given Name:	Middle Name:::	Surname:
Age:	Relationship:	Country:
Current Address:		
City:	State/Region/Province:	Postal Code:
Occupation/Title:	Years at Employer:	

FAMILY MEMBER LISTING.

Provide the below information for all household family members. Do not include yourself.

Full Name of Family Member	Age	Relationship to you	Name of School or College	Year in School or College	Total Cost of attendance	Scholarships and Gift Aid	Amounts of Parents' Contribution

How many people, including yourself, depend on the income of your parents for daily living expenses? _____

IN THE MOST RECENT COMPLETED CALENDAR YEAR, HOW MUCH OF YOUR HOUSEHOLD INCOME CAME FROM THESE SOURCES? (In U.S. Dollars)

Parent #1 Work	Parent #2 Work	Your Work	Your Spouse's Work	Family Business	Family Real Estate Holdings
\$	\$	\$	\$	\$	\$
Pension/Annuity/Retirement	Other Members of the Household	Interest or Dividends	Housing, Food, and other Living Expenses	Other (explain)	
\$	\$	\$	\$		

Will there be a significant increase or decrease in your family's income next year? Yes No

If yes, please explain:

Does your family own its home? Yes No If yes, answer the following questions.

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APPLICATIONS WITHOUT SUPPORTING DOCUMENTS WILL NOT BE CONSIDERED

What Year Was It Purchased?	What Was The Original Purchase Price?	What Is The Present Market Value?	Family Real Estate Holding
\$	\$	\$	\$

Does your family own a business? Yes No If yes, answer the following questions.

Date Business Commenced	Type Of Business	Your Parents' Share Of Business Value	Your Parents' Share Of Business Indebtedness

What documentation will you be providing to verify income and asset information requested on this form? (Circle all that apply)

Tax forms Statement from employer Other _____ (please specify)

What is the official exchange rate of your country's currency to the U.S. Dollar today?

How will you pay for your transportation to the United States?

Do you have a source of emergency funds once you arrive in the United States?

Does your government currently impose restrictions on the exchange and release of funds for study in the United States?

Do you or your family have money, property, or assets in another country? Yes No If yes, answer the following questions.

	U.S. \$ Value	In Which Country(ies)?	Asset Owner
Money	\$		
Property	\$		
Assets	\$		
Rent Or Mortgage	\$	Amount Allocated To Savings/Retirement	\$
Utilities	\$	Automobile Maintenance	\$
Food	\$	Insurance (Health And Property)	\$
Clothing	\$	Household Workers	\$
Household Necessities	\$	Vacations	\$
Medical Expenses	\$	Entertainment	\$
Educational Expenses	\$	Other (Explain Below)	
Loan Payments	\$		
Taxes	\$		

How much money does your family owe to other people or individuals?

Amount paid on debt:	Reason for debt:
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Does your family employ other people? Yes No If yes, how many in the home?

Does your family employ other people? Yes No If yes, how many in the family business?

Other relevant information:

APPLICATIONS WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED

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YEAR	SCHOOL YEAR 1	SCHOOL YEAR 2	SCHOOL YEAR 3	SCHOOL YEAR 4
Student's Vacation Savings	\$	\$	\$	\$
Student's Assets	\$	\$	\$	\$
Family's Income	\$	\$	\$	\$
Family's Assets	\$	\$	\$	\$
Relatives and Friends	\$	\$	\$	\$
Your Government	\$	\$	\$	\$
Agencies and Foundations	\$	\$	\$	\$
Private Sponsor	\$	\$	\$	\$
Other	\$	\$	\$	\$

LIST AGENCIES/FOUNDATIONS/GOVERNMENT TO WHICH YOU ARE APPLYING FOR FINANCIAL AID. (IF MORE THAN TWO, ATTACH A LIST.)

Agency/Foundation/Government	Application Date	Award Notification Date	Expected Amount in U.S.\$

I certify that the above facts are true to the best of my knowledge and I understand that this application will be subject to disqualification in the event that the above facts are found to be falsified.

Print Name _____

Signature _____

Date _____