OSHER FOUNDATION REENTRY SCHOLARSHIP APPLICATION 2019-2020 ACADEMIC YEAR

All fields must be completed to be eligible.

Name:	Phone:	
Address:	City:	Zip:
Student ID Number:	Birthdate:	(mo/day/yr)
E-mail Address:	Expected Graduation Date:	(sem/yr)
Major:		
Have you been away from higher education for at least fir	ve years? Yes No	
Academic Standing: Freshman Sophomore	Junior Senior	
Will you attend the 2019-2020 academic year as a	a part time or full time student	?
Total credit hours completed at the end of the Spring Sem	nester 2019	
Cumulative Grade Point Average: Were you a transformed to the second seco	ansfer student? Yes No	_
Previous University of Akron Scholarships:		
	Amount	t
Previous Osher Scholarship:		
	Amoun	t
Other degrees earned or colleges attended: (if application)	ble)	
COLLEGE/UNIVERSITY	DEGREE	DATE
List two current references.		
NAME POSI	TION ADDRESS	TELEPHONE

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2019-2020 ACADEMIC YEAR

Please write a one-page only, single-spaced essay regarding your academic and career goals. Highlight any life experiences or extenuating circumstances that pertain to your decision to reenter college and tell us about your degree and what you plan to do with it. Attach essay to this application. You must include your name and student ID# on essay. Your essay must be turned in with your application and cannot be turned in at a later date.

PLEASE BE SURE YOUR APPLICATION IS COMPLETE.

- \checkmark Attach essay to application.
- ✓ All applicants must file a financial aid form (FAFSA) with the Student Financial Aid Office, Simmons Hall, (330) 972-7032.

The deadline for submission is Wednesday, April 24th, 2019 at 5:00 pm. All materials need to be hand delivered to UA Adult Focus Office, Polsky Building 467 <u>or</u> mailed to, UA Adult Focus, ATTN: Laura Conley, Director, The University of Akron, Polsky Building 467, Akron, Ohio 44325-4110.