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

## Scholarship Application

Application Deadline All applications due by April 2<sup>nd</sup> All applications must be typed. Complete one application only. Scholarship recipients will receive written notification by May 7<sup>th</sup>

Name			Student ID#	
Mailing Address			City	
State	Zip	Phone	Email	
Major				
Check One: ( ) Free	lemic Status ir eshman phomore nior	,		
Check One:	() Full-time () Part-time	student (minimum 12 e student	hours per semester)	
Cumulative G	ipa	Major GPA		
Expected Date of Graduation				
Please attach a current one- to two-page résumé.				
Please list yo Grants	•	inancial aid (including	dollar amounts) for 2018-2019:	
Scholarships				
Employer tuit	tion 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 volunteer activities in which you have participated: (Use additional space if needed) List any awards, honors, etc. you have received: (Use more space if needed) Please list your paid work experience (if not on your résumé): Comment on your need for financial assistance:

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.