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

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

Name			Student ID#
Mailing Addre	2SS		City
State	Zip	Phone	Email
Major			
Current Acado Check One: () Fre () Sop () Jun	emic Status in shman phomore ilor	Major: () Senior () Post Baccalaurea () Graduate Studen student (minimum 12	
Cumulative G	PA	Major GPA	
Expected Date of Graduation			
Please attach a current one- to two-page résumé.			
Please list you Grants	I	nancial aid (including	g dollar amounts) for 2018-2019:
Scholarships			
Employer tuit	ion 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)

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.