Please list your expected financial aid (including dollar amounts) for 2018-2019:

Grants _____

_____

Scholarships _____

_____

Employer tuition 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):

_____

_____

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

( ) Official Academic Transcript

Please send an electronic copy of the completed application to Kathy Schupp in the Nutrition Center at kschupp@uakron.edu by the submission deadline. No late applications will be considered.