

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.