

Continuing Student Private (Endowed) Scholarship Application The University of Akron

- Continuing students must submit the Continuing Student Private (Endowed) Scholarship Application by May 1 every year to be considered for scholarships for the following academic year.
- Scholarships are only awarded to full-time students (12 or more credit hours per semester).
- You may also contact your college/academic department for additional scholarship opportunities.

Student ID _____

For what enrollment period are you applying for scholarship assistance? (indicate year)

Fall semester (August) 20____ Spring semester (January) 20____

Last name (legal name)	First	MI	Date of birth	Gender
Permanent address Number and street	City	State	Zip	County
Telephone		Email address		
Name of high school last attended			Year of high school graduation	
Major		Expected graduation date		
Year in college during enrollment period for which you are applying	Freshman Sophomore	Junior Senior	UA Fee remission Yes No	

To be considered for need-based aid, answer the questions below. ([Definition of dependent and independent student](#))

Parent Information (for dependent students)	Student Information (for independent students)
Father's name	Student's employer
Father's employer	Spouse's name
Mother's name	Spouse's employer
Mother's employer	Annual family income
Annual family income	# of people dependent on this income
# of people dependent on this income	# of people enrolled full time in college
# of people enrolled full time in college	

Page 2 must be completed to be considered for scholarships.

Summarize school and community activities and service, particularly those activities in which your leadership skills were exhibited. Also, include any additional personal factors you would like us to consider in determining your scholarship eligibility. If necessary, attach additional sheets. **If you do not fill out this section, you will not be considered for private (endowed) scholarships.**

I certify to the best of my knowledge that the information contained in this application is true and accurate, and I will provide proof of income upon request. By signing this release, I acknowledge that application information and my academic record may be released if in relation to, receipt of, or application for scholarship assistance while I am a student at The University of Akron.

Signature

Date

Complete this form and mail it to
Office of Student Financial Aid
The University of Akron
Akron, OH 44325-6211