



Undergraduate Student Government

The University of Akron

Undergraduate Student Government Award Fund Application

Student ID:					
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 Attended: Graduation:			Year of High School		
Major			Expected Graduation Date		
Are you a Part Time or Full Time Student?			UA Fee Remission: Yes or No.		

Describe the impact this scholarship would have on your student experience and as a member of the campus community. Also, include any examples of overcoming adversity that you have faced in your academic career. Also, include any additional personal factors you would like us to consider in determining your scholarship eligibility. If necessary, attach any additional sheets.

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: X _____ Date: _____

Questions Please Contact usg@uakron.edu

Please turn in a completed application to the USG Office in Student Union Room 307a no later than April 27th at 5:00pm.