

**The University of Akron Alumni Association Legacy Scholarship Application**

The University of Akron Alumni Association established the Legacy Scholarship program in 2001 through its governing body, the National Alumni Board of Directors.  The Legacy Scholarship assists as many full-time undergraduate students as possible - with limited funds - who are the children, grandchildren or under legal guardianship of a University of Akron alumnus/a.  The scholarship symbolizes the University’s commitment to community and student support and recognizes the importance of providing funds to retain students and assist them towards earning a college degree.

**Eligibility**

To be eligible to apply for this competitive scholarship, applicants must meet the following criteria:

1. Parent, grandparent, or guardian must be a University of Akron alumnus.
2. Applicant must be a full-time undergraduate for the following year.
3. Earn a minimum cumulative grade point average of 3.0 or better.
4. Demonstrate leadership abilities and community activities with a minimum two years of community service required.
5. Possess high standards of character as evidenced by letters of recommendation.

Financial need may be considered. Preference will be given to the well-rounded student (includes good academic performance, extracurricular activities and volunteer experience).

**Scholarship Information and Selection Process**

The total number of scholarships and award amounts given per year will be based upon available funds from the endowment and may be renewable. Recipients must enroll full time in both semesters to receive the full award.

The selection committee shall consist of members of the National Alumni Board of Directors and one staff member of the Alumni Association who will consider academic performance, leadership, community service, honors, and career goals in making their selections. There are no restrictions to applicants based on age, gender, race, nationality, country of origin, physical disability, veteran status, or sexual orientation.

**Application Deadline**

The complete application package must be returned **postmarked no later than Monday, February 5, 2024**, which includes the scholarship application, two letters of recommendation, essay, and a transcript copy to:

The University of Akron
Alumni Association

Attn: Legacy Scholarship 2024

Akron, OH 44325-2602

For questions or more information, contact The University of Akron Alumni Association at

330-972-7271 or via e-mail at alumni@uakron.edu.



**Legacy Scholarship Application**

**Personal Information**

|  |  |
| --- | --- |
| Student’s Full Name (First, MI, Last):       | Student ID #       |
| Address:       | Birth Date:       |
| City/State:       | Zip:       | Home Phone:       Preferred: [ ]  |
| UA Email Address:       | Cell Phone:       Preferred: [ ]  |

**Educational Background**

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| --- | --- |
| High School:       | Graduation Date:       |
| Grade Point Average:       on a       scale |
| Class Rank       out of       students in class |
| Total SAT Score:       | ACT (Composite):       |
| Major or field of study:       |

**Legacy Information**

Please provide the following information for any parent(s), grandparent(s) or guardian(s) who received a degree from The University of Akron. Applicant must list at least one alumnus to qualify.

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| Relative Name (First, MI, Maiden, Last):       |
| Address:       | City/State/Zip:       |
| Preferred E-mail Address:       | Home Phone:       Preferred: [ ]  |
| Graduating Class Year(s):       | Cell Phone:       Preferred: [ ]  |
| Degree:Bachelors [ ]  Masters [ ]  Doctorate [ ]  | Major(s):       |
| Employer:       | Title:       |
| Relationship to applicant: Parent [ ]  Grandparent: [ ]  Guardian: [ ]  |

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| --- |
| Relative Name (First, MI, Maiden, Last):       |
| Address:       | City/State/Zip:       |
| Preferred E-mail Address:       | Home Phone:       Preferred: [ ]  |
| Graduating Class Year(s):       | Cell Phone:       Preferred: [ ]  |
| Degree:Bachelors [ ]  Masters [ ]  Doctorate [ ]  | Major(s):       |
| Employer:       | Title:       |
| Relationship to applicant: Parent [ ]  Grandparent: [ ]  Guardian: [ ]  |

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| --- |
| Relative Name (First, MI, Maiden, Last):       |
| Address:       | City/State/Zip:       |
| Preferred E-mail Address:       | Home Phone:       Preferred: [ ]  |
| Graduating Class Year(s):       | Cell Phone:       Preferred: [ ]  |
| Degree:Bachelors [ ]  Masters [ ]  Doctorate [ ]  | Major(s):       |
| Employer:       | Title:       |
| Relationship to applicant: Parent [ ]  Grandparent: [ ]  Guardian: [ ]  |

**Personal Achievements/Accomplishments**

*If you need additional space, please submit information on an additional sheet of paper and*

*include as an attachment to your application.*

1. **Extracurricular Activities – Include Leadership Positions Held and Years of Membership** (i.e., clubs, extracurricular activities, performing arts, athletic participation)

1. **Community or Volunteer Service – Include Years of Involvement
(Please note: a minimum of two years of community service is required)**

1. **Awards and Special Honors**

1. **Employment Experience**

**Additional Application Materials**

1. **Two Reference Letters** are required with this application: one from a professor/administrator/school counselor, and one from a community citizen (cannot be related to applicant). **These should be submitted in the same envelope as your application.**
2. **On a separate sheet of paper** please submit a typed essay describing something about yourself not already or sufficiently communicated in your application that distinguishes you as a potential scholarship candidate. Please limit your essay to one page.

**Applicant Certification**

Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate and that all statements and essays are my own work. The University of Akron Alumni Association Legacy Scholarship may be denied or revoked if any information is found to be incomplete or inaccurate. I give permission to The University of Akron Alumni Association to contact the Office of Financial Aid to obtain information from my Free Application for Federal Student Aid (FAFSA) and other records including GPA and SAT/ACT scores. Should I receive an award, I give permission to The University of Akron Alumni Association to utilize my name and award amount in any publicity or marketing materials.

Signature of Applicant (in ink) Date

**Deadline for Submission is February 5, 2024**

Please return this application, two letters of recommendation, essay, and transcript copy to:

The University of Akron
Alumni Association

Attn: Legacy Scholarship 2024

Akron, OH 44325-2602

For Office Use Only:

|  |  |
| --- | --- |
| Signed Application: Yes [ ]  No [ ]  | Two Letters of Recommendation: Yes: [ ]  No: [ ]  |
| Transcript Included: Yes [ ]  No [ ]  | Essay Included: Yes [ ]  No [ ]  |
| Alumni Information Verified: Yes [ ]  No [ ]  | Application Received On-Time: Yes [ ]  No [ ]  |