Child Life Specialist Program

The University of Akron

**The Lisa S. Perry Scholarship**

**Scholarship Application**

**Application Deadline – July 25**

All applications must be typed. Complete one application only.

Name Student#

Mailing Address City

State Zip Phone ( )

Major

**Current Academic Status in Major: Expected Date of Graduation**

**C**heck One: Month/Year

( ) Freshman ( ) Senior

( ) Sophomore ( ) Post Baccalaureate

( ) Junior ( ) Graduate

Check One: ( ) Full-time student (12 hrs per semester undergraduate, 9 hrs graduate)

 ( ) Part-time student

Cumulative GPA Major GPA

* **Please attach a one-page résumé**

Please list your expected financial aid (including dollar amounts) for 2017-2018:

 Grants

 Scholarships

 Employer tuition assistance

 Graduate Assistantship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List campus organizations of which you are a member/officer**

Organization Office

(Add lines if additional space is needed)

**List and describe community and/or volunteer activities in which you have participated**:

(Add lines if additional space is needed)

**List awards, honors, etc. you have received:**

(Add lines if additional space is needed)

**Please list your paid work experience**:

(Add lines if additional space is needed)

**Comment on your need for financial assistance**:

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**On a separate sheet of paper, type a summary of your professional goals for the next five years and state why you believe you should receive a scholarship. (Attach no more than one page.)**

Is your application complete? It should contain the following information assembled in order:

 **( ) Typed application**

**( ) One-page statement of professional goals and why you should receive a scholarship**

 **( ) One-page résumé**

Return completed application to:

 Rose Resler

 Coordinator of Child Life

 181 Polsky

 The University of Akron

 Akron, Ohio 44325-3001