OSHER FOUNDATION REENTRY SCHOLARSHIP APPLICATION 2024-2025 ACADEMIC YEAR

All fields must be completed to be eligible.

| Name: | Phone: | |
|--|---|-------------|
| Address: | City: | Zip: |
| Student ID Number: | Birthdate: | (mo/day/yr) |
| E-mail Address: | Expected Graduation Date: | (sem/yr) |
| Major: | | |
| Have you been away from higher educat | tion for at least five years? Yes No | |
| Academic Standing: Freshman | Sophomore Junior Senior | |
| Will you attend the 2024-2025 acad | lemic year as a part time or full time student? | 1 |
| Total credit hours completed at the end of | of the Spring Semester 2024 | |
| Cumulative Grade Point Average: | Were you a transfer student? Yes No | - |
| Previous University of Akron Scholarshi | ips: | |
| | Amount | |
| Previous Osher Scholarship: | | |
| | Amount | |
| Other degrees earned or colleges atter | nded: (if applicable) | |
| COLLEGE/UNIVERSITY | DEGREE | DATE |
| | | |
| List two current references. | | |
| NAME | POSITION ADDRESS | TELEPHONE |
| | | |

OSHER FOUNDATION REENTRY SCHOLARSHIP APPLICATION

2024-2025 ACADEMIC YEAR

Please write a one-page only, single-spaced essay regarding your academic and career goals. Highlight any life experiences or extenuating circumstances that pertain to your decision to reenter college and tell us about your degree and what you plan to do with it. Attach essay to this application. You must include your name and student ID# on the essay. Your essay must be turned in with your application and cannot be turned in at a later date.

PLEASE BE SURE YOUR APPLICATION IS COMPLETE.

Attach essay to application.

All applicants must file a financial aid form (FAFSA) with the Student Financial Aid Office, Simmons Hall, (330) 972-7032.

The deadline for submission is Monday, April 1st, 2024 at 5:00 pm.

All materials need to be:

Mailed to UA Adult Focus, ATTN: Scott Roberts, Associate Director, The University of Akron, Polsky Building 467, Akron, Ohio 44325-4110.