

**Rising to the Occasion Program  
African American Male Initiative  
Funded by the GAR Foundation**

Scholarship Applicants must have a minimum high school GPA of 3.0 and a minimum ACT test score of 21. Students must be fully admitted to The University of Akron by April 1 for priority consideration. Additionally, participation in the African American Learning Community (AAMLC) for one year is required.

<b>For what enrollment period are you applying for scholarship assistance? (Indicate year)</b>					<b>Student I.D. or SSN</b>	
Summer Sessions 20 ____		Fall Semester 20 ____		Spring Semester 20 ____		
<b>Last name</b> (use legal name)		<b>First</b>	<b>Middle Initial</b>	<b>Date of Birth</b>	<b>Gender</b> (Optional)	<b>Current High School GPA</b>
<b>Permanent address: Number and street</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Telephone</b>	<b>E-mail address</b>		<b>College Major</b>			
<b>Did either of your parents graduate with a degree from The University of Akron</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>PSEOP in high school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Indicate enrollment status for each term during the enrollment period for which you are applying</b> → (FT = full-time; PT = part-time; Co-op; NE = not enrolled)					Summer ____ Fall ____ Spring ____	
<b>Name of parent, guardian or spouse</b> (if applicable)			<b>Father's/Spouse/s/Applicant's employer</b> (circle one)			
<b>Mother's employer</b> (for dependent student only)			<b>Annual family income</b>	<b>Number of family members that are...</b> Dependent on this income: ____ Enrolled full-time in college: ____		
<b>Name of senior high school last attended</b>				<b>Year of high school graduation</b>		
<b>List previous University of Akron scholarships</b> (if any)						

You may submit a summary of 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 sheet(s).

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.

**X SIGNATURE**

**DATE**

**Send to: The Office of Multicultural Development, Attn: Eric Coleman, The University of Akron, Akron, OH 44325-1804**