THE UNIVERSITY OF AKRON SCHOOL OF LAW THE ROBERT E. DONOVAN MEMORIAL SCHOLARSHIP 2012-2013 Scholarship Application

Full Name:		Stude	Student ID Number:		
Mailing Address:					
City/State/Zip:					
Cell Phone or Other Phone:	E-	Mail:			
My division for the 2012-2013 year will be: (check 1)	2 nd Year 3 rd Year 4 th Year	FULL-TIME	OR	PART-TIME	
A WORD REGARDING THIS APPLICATION: ✓ A one-page essay, which will be review			an Family	, is required for	
 ✓ Your full name and the name of the seesay and other attachments should not seesay and other attachments should the seesay attachments should should be seesay attachments should be seesay attachments should should be seesay attachments should b	cholarship ar be paper clipp ng items – decision to st to pursue and pals? ghlight award ship (explain y	e to be centered a ped to this applicated to this applicated to the ped to the ped to the ped to the ped to further detail	ation form lership sk	ills, etc.)? ncial need)?	
I certify that to the best of my knowledge the i misrepresentation of facts on this application I also certify that any scholarship or other aid education.	nformation h and attachm	erein is true. I u ents could be cau	nderstand use for a n	nisconduct investigation.	
Date Signature of Apple	icant				

RETURN COMPLETED APPLICATION FORM AND ESSAY NO LATER THAN MONDAY, MAY 21, 2012:

Assistant Dean Lauri S. Thorpe
The University of Akron School of Law
Akron, OH 44325-2901