

**DeKalb Chapter**  
**of the Georgia Society of Certified Public Accountants, Inc.**

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**Scholarship Criteria and Requirements for Applicants**

**QUALIFICATIONS**

Applicant must:

- Demonstrate commitment to pursuing a career in accounting;
- Be a rising junior or senior undergraduate accounting major or a graduate student enrolled in a masters level accounting or business administration program at a public or private college or university accredited by either a national or regional accrediting organization recognized by the Georgia Board of Accountancy;
- Be a resident of the state of Georgia;
- Be enrolled in a minimum of six semester hours (ten quarter hours) beyond the sophomore level during the period scholarship funds are to be used;
- Maintain an overall grade point average (GPA) of 3.0 or higher (on a 4.0 scale) OR an accounting grade point average of 3.0 or higher (on a 4.0 scale) or above.

**INSTRUCTIONS**

- **Complete this application form in its entirety.**
- **Attach the following items to your application:**
  1. **A sealed transcript obtained directly from your school's Registrar's Office;**
  2. **Your resume;**
  3. **An essay on your personal career goals and how this scholarship will help you attain these goals in 250 words or less;**
  4. **A copy of your valid drivers license, state identification card, or another form of ID that lists residency information.**
- **Mail your completed application and all attachments to:**

DeKalb Chapter Scholarships  
Georgia Society of CPAs  
c/o Diane B. Futch  
Post Office Box 371721  
Decatur, GA 30037-1721
- **Application Deadline: Received by March 31.** Applications must be complete with all attachments to be considered. The recipients will be named in April. If you have any questions, please contact **Dharma Diaz-Azcuy** (770/512-0500) or **Diane Futch** (404/243-8096).

# DeKalb Chapter Scholarship Application

Georgia Society of Certified Public Accountants, Inc. (GSCPA)

Scholarship Application for \_\_\_\_\_  
Last Name First Name Middle Name

Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you applying for a scholarship from the GSCPA at the state level? Yes \_\_\_ No \_\_\_

Are you applying for a scholarship from another chapter of the GSCPA? Yes \_\_\_ No \_\_\_

## PERMANENT ADDRESS

## CAMPUS ADDRESS

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School Attending Now: \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Expected Degree: \_\_\_\_\_

GPA Accounting: \_\_\_\_\_ GPA Overall: \_\_\_\_\_ (must reconcile with transcripts from all institutions attended)

(For Official Use Only: GPA Verified By \_\_\_\_\_)

School where scholarship will be used (if different from above) \_\_\_\_\_

List of any additional scholarships or awards you have applied for or received this year.  
Indicate if you have received notification regarding these.

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**I attest to the accuracy and completeness of the information contained in this application. I have met all of the qualification requirements.**

Applicant Signature

Date