

Educational Foundation

of the Georgia Society of Certified Public Accountants, Inc.

Scholarship Application

Scholarships to Sweeten Your Education



The Educational Foundation of the Georgia Society of CPAs, Inc., sponsors scholarship programs that provide financial support to accounting majors. Local chapters also provide scholarships and grants to college and university accounting programs. All students who meet the eligibility requirements as listed on the following scholarship application form may apply.

Complete the application and mail it to the Educational Foundation at The Georgia Society of CPAs, 3353 Peachtree Road NE, Suite 400, Atlanta, GA 30326-1414. The deadline for applying is March 15. If you have any questions about this program, please contact Member Services at 800-330-8889, ext. 2986.



**Educational
Foundation**
of the Georgia Society of CPAs

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of the Georgia Society of Certified Public Accountants, Inc.

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 an accredited public or private college or university;
- 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;
- Demonstrate financial need (Required for Advantage Payroll Scholarship and for others with financial need - To establish financial need, applicants must complete the "Free Application for Federal Student Aid" available in the school's financial aid office.)

INSTRUCTIONS

- Complete this application form in its entirety. Note that you will need the assistance of an accounting administrator and may need a financial aid officer from your school to assist you in completing the application.
- 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. Your valid drivers license, state identification card, or another form of ID that lists residency information.
- Mail your completed application and all attachments to:

Educational Foundation Scholarships
Georgia Society of CPAs
3353 Peachtree Road NE, Suite 400
Atlanta, GA 30326-1414
- **Application Deadline: March 15.** Applications must be received complete with all attachments to be considered. The recipients will be named in May and will receive a check, payable to his or her school. Please contact Member Services with the Georgia Society of CPAs at 800-330-8889, ext. 2986 if you have any questions.

Educational Foundation Scholarship Application

TO BE COMPLETED BY THE STUDENT

Scholarship Application for _____
Last Name First Name

SS#: _____

Phone #: _____ Date of Birth: _____

Are you applying for a GSCPA chapter scholarship? Yes No

Please list which chapter _____

PERMANENT ADDRESS

Street _____

City _____

State _____ Zip _____

Phone Number _____

Email address: _____

CAMPUS ADDRESS

Street _____

City _____

State _____ Zip _____

Phone Number _____

Email address: _____

School Attending Now: _____

Expected Graduation Date: _____ Expected Degree: _____

GPA Accounting: _____ GPA Overall: _____ (must reconcile with transcripts from all institutions attended)
(For GSCPA Office Use Only: GPA Verified By _____)

School where scholarship will be used (if different from above): _____

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

I attest to the accuracy and completeness of the information contained in this application, I have met all of the qualification requirements, and I authorize the student financial aid officer to provide the information requested.

Applicant Signature

Date

-Please See Reverse Side-

TO BE COMPLETED BY THE ACCOUNTING SCHOOL

Accounting Major: _____ Yes _____ No

Classification: _____ Rising Junior _____ Rising Senior _____ Masters (Fifth Year)

Signature of Faculty Advisor or Department Head

Date

Institution

TO BE COMPLETED BY THE STUDENT FINANCIAL AID OFFICER

Establish Financial Need: _____
(based on FAFSA application)

Aid Student Has Been Awarded:

Scholarships: _____

Grants: _____

Loans: _____

Work Study: _____

Other: _____

Signature of Financial Aid Officer

Telephone Number

Date

Institution

Please attach your resume, personal essay, form of ID (proof of residence),
and transcript to your completed application and mail to:

GSCPA - Educational Foundation Staff Liaison
3353 Peachtree Road NE, Suite 400
Atlanta, GA 30326-1414

INCOMPLETE APPLICATIONS WITHOUT REQUIRED DOCUMENTS, OR
THOSE RECEIVED BY THE GSCPA AFTER MARCH 15 WILL NOT BE CONSIDERED.

Please note: Applications and required supporting documents cannot be returned.