

*Educational Foundation*  
of the Georgia Society of Certified Public Accountants

**Scholarship Application Form**

\_\_\_\_\_ *Chapter*

**Qualifications**

- Demonstrated commitment to pursuing a career in accounting;
- Applicant must be a rising junior or senior undergraduate accounting major or a graduate student enrolled in a master's level accounting or business administration program at a public or private college or university accredited by the Southern Association of Colleges & Schools;
- Resident of the state of Georgia;
- 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;
- Optional: Demonstrate financial need (applicants selecting to demonstrate financial need 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 may need a financial aid officer from your school to assist you in completing the application if you plan to demonstrate financial need.
- 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.
- Mail your completed application and all attachments to:

- **Application Deadline:** \_\_\_\_\_. Applications must be received complete with all attachments to be considered. The recipients will be named in \_\_\_\_\_ and will receive a check, payable to his or her school. Please contact \_\_\_\_\_ if you have any questions.

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PERMANENT ADDRESS**

**CAMPUS ADDRESS**

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Last Name

First Name

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 and I authorize the student financial aid officer to provide the information requested.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**To Be Completed by the Student Financial Aid Officer**

*Optional*

Establish Financial Need: \_\_\_\_\_

**Aid Student Has Been Awarded**

Scholarships: \_\_\_\_\_

Grants: \_\_\_\_\_

Loans: \_\_\_\_\_

Work Study: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution