

**REQUEST FOR MATCHING SCHOLARSHIP/SUPPORT FUNDING**  
**Education Foundation of the Georgia Society of CPAs**

MAIL TO: Education Foundation Staff Liaison  
Georgia Society of Certified Public Accountants  
3353 Peachtree Road NE  
Suite 400  
Atlanta, GA 30326

The \_\_\_\_\_ Chapter of the Georgia Society of CPAs requests matching funds in the amount of \$ \_\_\_\_\_ (for a total of \$ \_\_\_\_\_ including chapter funds) from the Education Foundation of the GSCPA.

Amount

\$ \_\_\_\_\_ To provide scholarships to accounting students who meet the Foundation's requirements.

\$ \_\_\_\_\_ To provide support to the accounting program of:

\_\_\_\_\_

(Educational institution)

For the use or purchase of:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

If these funds will result in the institution receiving other matching funds (e.g., Georgia Hope funds, grants, etc.), indicate the source of the additional match and the amount.

\_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL MATCHING FUNDS**

A check in the amount of \$ \_\_\_\_\_ payable to the GSCPA Educational Foundation, representing the chapter portion, is enclosed. The chapter understands that all funds provided by the Educational Foundation and the related matching funds provided by the chapter will be distributed to recipients who qualify under guidelines established by the Educational Foundation. **The chapter will notify chapter members and local news of the meeting at which awarding of scholarships and support will be presented.**

\_\_\_\_\_

Date

\_\_\_\_\_

Chapter President

**Mail check to:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Chapter Scholarship Liaison** (*if different than person listed above*):  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_