



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

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 senior college or university;
- 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 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.
- 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: _____

SS#: _____

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: _____

Scholarship Application for _____

_____ 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): _____

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

To Be Completed by the Accounting School

Accounting Major: _____ Yes _____ No
Classification: _____ Rising Junior _____ Rising Senior _____ Masters (Fifth Year)
Enrollment Status: _____ Full-time _____ Part-time

Signature of Faculty Advisor or Department Head

Date

Institution

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

Scholarship Application for _____
Last Name First Name

To Be Completed by the Student

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