



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 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 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

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**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

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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

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.*

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