

Application for Scholarship



Pennsylvania Institute of Certified Public Accountants – Trustees of the Scholarship Fund
1650 Arch Street, 17th Floor, Philadelphia, Pa. 19103-2099

Multi-Year Scholarships

Eligibility Criteria:

- Applicants are required to be currently enrolled full-time at a Pennsylvania college or university and must have completed a minimum of 36 credit hours.
- Applicants are required to have declared a major in accounting.
- Awards are given on a competitive basis to candidates who best satisfy the requirements of high intellectual capacity, leadership potential, financial need, and an intent to pursue a career in accounting.
- Awards will be renewed annually until the completion of the undergraduate degree, provided the recipient maintains a 3.0 GPA and continues to major in accounting.
- Applicants are encouraged to be student affiliate members of PICPA. PICPA will waive the initial membership fee of \$10 for all scholarship applicants. Please check here to indicate your status:
 - I am currently a PICPA student affiliate member.
 - Yes, please sign me up for student membership. My scholarship application requires all the necessary information for a student membership.
 - No, I would not like to be a PICPA student member at this time.

Application Procedures:

The following items must be completed and sent to PICPA by **March 14, 2008** in order to qualify for a scholarship. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Please enclose the following:

Application Cover – Complete online and indicate your selection for student affiliate membership (see above).

Application Form – Complete online, print, and then sign. DO NOT INCLUDE ANY ADDITIONAL INFORMATION SUCH AS RESUMES. All pertinent information from a resume should be included in the text of the application. All additional files will be discarded.

Transcript – Include an official school transcript.

Faculty Recommendation – Must be completed by a faculty member, signed, and included in a sealed envelope with the faculty member's signature across the seal.

All items should be mailed in ONE envelope to:

Careers in Accounting Team
Pennsylvania Institute of Certified Public Accountants
1650 Arch Street, 17th Floor
Philadelphia, Pa. 19103-2099

For more information please contact the Careers in Accounting Team at (888) 272-2001, (215) 496-9272, or e-mail at schools@picpa.org.

Applicants will be notified of the Trustees decisions in May 2008.

Instructions to Student:

Because students compete for these awards, applicants are encouraged to complete all questions to establish a basis of comparison. All responses must be included on this application. Handwritten applications will not be accepted and additional pages may not be submitted. This form is to be completed online, printed, signed, and mailed with your transcript and faculty recommendation to PICPA. The faculty recommendation form can be found in the Scholarship section of CPAzone.org. Please return the completed application to PICPA no later than **March 14, 2008.**

Awards are given on a competitive basis to those candidates who best satisfy the requirements of **high intellectual capacity, leadership potential, financial need, and an intent to pursue a career in accounting.**

1. Name

First: Middle: Last:

2. Home Address

Street:
 City: State: Zip Code:
 Home Telephone: Cell Phone:

Check here if we may contact your parent at your home address about the timing of your payments and the renewal process if you win a scholarship. Parent's Name:

3. Current Address at School

Street:
 City: State: Zip Code:
 School Telephone:
 Until what date do you expect to be at this address?:

4. Preferred e-mail address:

5. Date of Birth: Male Female U.S. Citizen? Yes No

6. High School Name:

a. Scholastic Aptitude Test scores: Math: Verbal: Total:
 b. Rank in class upon graduation: out of:

7. College or University Name:

a. Degree program:
 b. Anticipated date of graduation Month: Year:
 c. List total credits completed through last transcript date by category.
 AP credits transferred in:
 Credits transferred from another school**:
 Credits completed at current school:
 Total completed credits*:

** If 30 or more credits were transferred from another school, include a copy of this transcript; * Total completed credits should agree to copy of transcript

d. Total number of credits required for completion of degree/graduation:
 e. List total number of completed **ACCOUNTING** credits included in "c" above:
 f. Excluding your current semester, how many more semesters are you expecting to attend full time to complete your degree?
 g. Overall cumulative GPA (should agree to transcript):

12. Describe your personal work experience (including hours worked—part-time and summer).
13. State briefly your reasons for choosing a career in the accounting profession.
14. If there are any additional comments you would like to make regarding this application or if there are any factors not already mentioned that may assist the Trustees in reaching a decision, please explain in this space.
15. Please prepare a summary of your biography in the space below.
16. **Check here if you would like your application to be considered for a PICPA Chapter Scholarship.**
Visit www.CPAzone.org/events/scholarships/local for more details.
17. **Check here if your parent is a PICPA member.**
My parent's name is _____

Applicant Signature _____ Date _____

By signing this form, I attest that the information is complete and accurate.

Print this form and return with your transcript and faculty recommendation postmarked by March 14, 2008 to:

Careers in Accounting Team
Pennsylvania Institute of Certified Public Accountants
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Faculty Recommendation



Pennsylvania Institute of Certified Public Accountants
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The faculty recommendation should be completed by someone familiar with the scholarship candidate. This form should be filled out online at www.CPAzone.org, printed, and returned to the applicant in a sealed envelope with the faculty member's signature across the seal of the envelope.

Name of faculty member:

Faculty Recommendation: *Please limit recommendation to space below*

Faculty Member Signature _____ Date _____

Name of college/university:

Name of accounting department chair:

Address:

City:

State:

Zip:

Return completed form to applicant before March 14, 2008 in a sealed envelope with your signature across the seal of the envelope.