



THE EDUCATIONAL FOUNDATION
of The Georgia Society of CPAs

Scholarship Application Form

_____ Chapter

Qualifications

- Demonstrate commitment to pursuing a career in accounting;
- Be a resident of the state of Georgia;
- Be a U.S. citizen or eligible Permanent Resident Alien;
- Intend to remain a resident of the state of Georgia;
- Be a rising junior or senior undergraduate accounting major or person having a concentration in Accounting or a graduate student enrolled in a masters' level accounting or business administration program at a public or private college or university accredited by the Southern Association of Colleges and Schools;
- Be 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 GPA of 3.0 or higher (on a 4.0 scale).

Instructions

- Complete this application form in its entirety.
 - 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: _____



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Scholarship Application for _____
Last Name First Name

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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

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