

# 2018-2019 Application for the Fifth-Year Accounting Student Scholarship

## SECTION I. TO BE FILLED OUT BY THE STUDENT

Last Name _____	First Name _____	Middle Initial _____	Social Security Number _____
Street Address _____ _____			Ethnic Origin ( <b>required</b> ) <input type="radio"/> White, non-Hispanic <input type="radio"/> Asian or Pacific Islander <input type="radio"/> African American, Black <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Hispanic or Latino <input type="radio"/> Other
City _____		Zip _____	

### **This is a Contract with the Texas State Board of Public Accountancy**

I understand that the purpose of the scholarship is to help accounting students become Texas CPAs. To receive the scholarship, I understand and agree to the following contractual obligations with the Texas State Board of Public Accountancy:

Initial in the spaces provided.

\_\_\_\_\_ submit an Application of Intent to the Texas State Board of Public Accountancy (the Board), the application may be found on the Board's website at [www.tsbpa.texas.gov](http://www.tsbpa.texas.gov),

\_\_\_\_\_ attach a copy of my acknowledgment letter from the Board confirming receipt of the Application of Intent,

\_\_\_\_\_ confirm that I have completed the following minimum education requirements necessary for the scholarship:

- 120 semester hours of college coursework and
- 15 semester hours of accounting,

\_\_\_\_\_ confirm that I have **less than 30 semester hours** remaining in my courses of study to meet all of the education requirements to take the CPA Exam,

\_\_\_\_\_ take the CPA Exam as a Texas candidate within 3 years of submitting the Application of Intent,

\_\_\_\_\_ confirm that after passing the CPA Exam, I will become a licensed CPA in Texas, and

\_\_\_\_\_ confirm that I will repay to the Board within 30 days after notice from the Board, all of the Fifth-Year Accounting Student Scholarship funds that I receive, if I am unable or do not meet these contractual obligations.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Next Steps:** Please give this form to your university's Department of Accounting for completion.

## SECTION II. TO BE FILLED OUT BY THE DEPARTMENT OF ACCOUNTING

Did the student complete a baccalaureate degree or at least 120 hours of college coursework by the beginning of the term in which the award is made? ( ) yes ( ) no

In which degree plan is the student enrolled? ( ) acctg, certificate ( ) acctg, undergrad ( ) acctg, graduate

Is the student making satisfactory academic progress? ( ) yes ( ) no

Student's overall grade point average: \_\_\_\_\_ on a 4.0 scale.

Overall grade point average required for an undergraduate degree in accounting: \_\_\_\_\_.

Overall grade point average required for a graduate degree in accounting: \_\_\_\_\_.

Did the student complete at least 15 semester hours of upper-level accounting coursework by the beginning of the term for which the award is made? ( ) yes ( ) no

Does the student have **less than 30 semester hours remaining** in courses of study to meet the following education requirements to take the CPA Exam? ( ) yes ( ) no.

If **NO**, the student is not eligible to be considered for the scholarship.

If **YES**, indicate below the area(s) where the student is deficient.

150 semester hours of college credit ( ) yes ( ) no

30 semester hours of upper level accounting courses ( ) yes ( ) no

24 semester hours of upper level business courses ( ) yes ( ) no

3 semester hours of a Board-approved ethics course ( ) yes ( ) no

### Department of Accounting Certification

I certify that the above-named student is in compliance with the educational qualifications for the Texas State Board of Public Accountancy Fifth-Year Accounting Scholarship, and I recommend that the Financial Aid Department at the university process the application for an award.

The above-named student applicant is eligible for an award at the beginning of the:

( ) fall semester – 20\_\_\_\_ ( ) spring semester – 20\_\_\_\_ ( ) summer semester – 20\_\_\_\_

Print Name of Dean or Director for the Department of Accounting	Date
Signature of Dean or Director for the Department of Accounting	Telephone Number

**SECTION III. TO BE FILLED OUT BY THE FINANCIAL AID OFFICE**

Has the student previously received funds through this program at this institution? ( ) yes ( ) no

Is the student a bona fide Texas resident? ( ) yes ( ) no

Is the student enrolled part-time, full-time, or in their final semester? ( ) part-time ( ) full-time ( ) final semester

Cost of attendance: \$ \_\_\_\_\_ Recommended Award \$ \_\_\_\_\_

Student resources: \$ \_\_\_\_\_

Student need: \$ \_\_\_\_\_

Disbursement schedule:	Date (mm/yy)	Amount
	_____/____/____	\$ _____
	_____/____/____	\$ _____
	_____/____/____	\$ _____

Date of first day of classes: fall      \_\_\_\_/\_\_\_\_/\_\_\_\_  
    mm    dd    yy

   spring    \_\_\_\_/\_\_\_\_/\_\_\_\_  
    mm    dd    yy

   summer    \_\_\_\_/\_\_\_\_/\_\_\_\_  
    mm    dd    yy

**Financial Aid Office Certification.** I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

Institution and FICE Code	Date
Signature of Program Officer	Telephone Number

**Point Count**

Texas Resident	_____	maximum 25 points
Academic Status	_____	maximum 25 points
Financial Need	_____	maximum 50 points
	_____	Total (maximum 100 points)