

## INSTRUCTIONS TO APPLICANTS FOR MINORITY SCHOLARSHIPS

Disbursement of funds is contingent on an appropriation from the Legislature.

If an applicant has attended a non-accredited institution, the applicant must show acceptance into a graduate degree program at an accredited institution.

Minorities are defined in **288.703(3), F.S.** as:

A lawful, permanent resident of Florida who is:

- (A) An African American, a person having origins in any of the racial groups of the African Diaspora.
- (B) A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.
- (C) An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands including the Hawaiian Island prior to 1778.
- (D) A native American, a person who has origins in any of the Indian Tribes of North America prior to 1836, upon presentation of proper documentation thereof as established by rule of the department of Management Services.
- (E) An American woman.

Applications must be postmarked by **June 1<sup>st</sup>**. A copy of the current transcripts must be attached. Also a copy of your most recent federal financial aid form (**FAFSA**) must be attached. A Financial Release Form must be completed by the Financial Aid office and attached to the application. You will be notified in **June** as to whether or not you will receive a scholarship. Checks will be mailed in **August** and **December**. They will be sent to the educational institution and will be made payable to the educational institution and the student.

### **Eligibility Criteria:**

1. Financial need-defined as cost of attendance less the expected family contribution and any gift aid. Gift aid is defined as grant or scholarship money, which does not have to be paid back. Cost of attendance includes direct educational costs (tuition, supplies, computer) and indirect costs (room and board, transportation, laundry, childcare and personal expenses).
2. Must be a minority as defined in **288.703(3), F.S.**
3. Must be enrolled as a full time student in a fifth year of accounting program as defined in **473.3065** at an accredited Florida institution and declared a major in accounting.
4. Must have a minimum **GPA** of 2.5 based on a scale of 4.0.
5. Must be academically in good standing as defined by the College or University.
6. Since scholarship are normally awarded in the spring for the fall and following spring semesters, an applicant who will complete the 120 semester hours in the fall can request consideration for a \$3,000 scholarship for the spring semester.

## **MINORITY SCHOLARSHIP APPLICATION**

THIS PROGRAM EXISTS TO PROVIDE SCHOLARSHIPS TO MINORITY ACCOUNTING STUDENTS TO PROVIDE FINANCIAL ASSISTANCE FOR THE FIFTH YEAR OF ACCOUNTING EDUCATION. AWARDING OF SCHOLARSHIP MONIES HAS NO BEARING ON ELIGIBILITY TO SIT FOR THE CPA EXAMINATION OR BECOME LICENSED AS A CPA. MUST ALSO BE ENROLLED AS A FULL TIME STUDENT IN THE FIFTH YEAR FOR THE SEMESTER (S) WHEN THE MONEY IS DISBURSED.

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: MALE \_\_\_ FEMALE \_\_\_

MAILING ADDRESS \_\_\_\_\_

PERMANENT FLORIDA RESIDENT  YES  NO HOME PHONE NUMBER \_\_\_\_\_

UNDER WHICH OF THE FOLLOWING MINORITY DESIGNATIONS DO YOU QUALIFY (SEE INSTRUCTIONS FOR DEFINITION):

AFRICAN AMERICAN: \_\_\_ HISPANIC: \_\_\_ ASIAN AMERICAN: \_\_\_ NATIVE AMERICAN: \_\_\_  
AMERICAN WOMAN: \_\_\_

DEGREES (ATTACH TRANSCRIPTS)	DATE	UNIVERSITY/ COLLEGE
RECEIVED/ANTICIPATED	AWARDED/EXPECTED	
_____	_____	_____
_____	_____	_____

CUMULATIVE G.P.A. \_\_\_\_\_ ACCTG. AVE. \_\_\_\_\_ HAVE YOU COMPLETED 120 SEMESTER HOURS ? \_\_\_ YES \_\_\_ NO

**Note: Students must have completed 120 semester hours prior to the semester when scholarship funds are disbursed.**

IF NO, WILL YOU COMPLETE BY THE FALL SEMSTER ? \_\_\_ YES \_\_\_ NO

BY THE SPRING SEMESTER NEXT YEAR? \_\_\_ YES \_\_\_ NO

IF NO, WHEN WILL YOU COMPLETE THE 120 SEMESTER HOURS? \_\_\_\_\_

WHEN DO YOU EXPECT TO COMPLETE THE ADDITIONAL 30 SEMESTER HOURS OR 45 QUARTER HOURS?  
\_\_\_\_\_

ARE YOU CURRENTLY ENROLLED? \_\_\_\_\_ WHERE? \_\_\_\_\_

ARE YOU A FULL TIME STUDENT? \_\_\_\_\_

**FINANCIAL DATA**

ANNUAL SOURCES OF ANTICIPATED REVENUES AND EXPENSES FOR THE APPLICANT AND SPOUSE (IF APPLICABLE) FOR THE 12 MONTH PERIOD COVERED BY THIS SCHOLARSHIP APPLICATION:

EARNED BY APPLICANT & SPOUSE \$ \_\_\_\_\_

EARNED BY OTHER PERSONS RESIDING IN HOUSEHOLD \$ \_\_\_\_\_

RECEIVED FROM PARENTS (INCLUDING VALUE OF FOOD & LODGING IF LIVING WITH PARENTS) \$ \_\_\_\_\_

RECEIVED FROM SCHOLARSHIPS AND GRANTS(LIST SOURCES YOU ARE NOT REQUIRED TO PAY BACK IN ANY FORM):

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

RECEIVED FROM OTHER SOURCES (INCLUDE LOAN PROCEEDS, PLEASE SPECIFY)

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

**USE OF FUNDS TOTAL \$ \_\_\_\_\_**

HOUSING \$ \_\_\_\_\_  
 FOOD \$ \_\_\_\_\_  
 TRANSPORTATION \$ \_\_\_\_\_  
 TUITION, BOOKS, SUPPLIES \$ \_\_\_\_\_  
 CHILD CARE \$ \_\_\_\_\_  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**SOURCES AND USE OF FUNDS MUST BE IN BALANCE; PROVIDE EXPLANATION FOR ANY DISCREPANCIES.**

HAVE YOU FILED AN APPLICATION FOR OTHER FINANCIAL AID? \_\_\_\_ YES \_\_\_\_ NO IF YES, ATTACH COPY.

**EMPLOYMENT RECORD**

POSITION	EMPLOYER	DATES

**CAREER OBJECTIVES (DESCRIBE IN DETAIL)**  
 ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DO YOU PLAN ON TAKING THE CPA EXAM? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHEN? \_\_\_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, REGARDLESS OF ADJUDICATION, IN ANY STATE OR JURISDICTION? \_\_\_\_ YES \_\_\_\_ NO IF YES, ATTACH A SEPARATE STATEMENT GIVING FULL DETAILS.

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF I AM ELIGIBLE FOR A MINORITY SCHOLARSHIP UNDER THE CRITERIA SET FORTH IN 473.3065. ADDITIONALLY, I AFFIRM THAT I AM A PERSON OF "GOOD MORAL CHARACTER," HAVING A PERSONAL HISTORY OF HONESTY, FAIRNESS, AND RESPECT FOR THE RIGHTS OF OTHERS AND FOR THE LAWS OF THIS STATE AND NATION.

\_\_\_\_\_  
 SIGNATURE DATE

**UNIVERSITY VERIFICATION:**  ENROLLED FULL TIME  
 ACADEMICALLY IN GOOD STANDING

SIGNATURE \_\_\_\_\_

PRINT NAME AND TITLE \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

**FLORIDA BOARD OF ACCOUNTANCY**  
**APPLICATION FOR THE FIFTH-YEAR ACCOUNTANCY SCHOLARSHIP**  
**FINANCIAL ASSISTANCE INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, HEREBY AUTHORIZE \_\_\_\_\_

TO RELEASE INFORMATION TO THE FLORIDA BOARD OF ACCOUNTANCY REGARDING THE COST OF ATTENDANCE AND FINANCIAL INFORMATION.

COST OF ATTENDANCE: \$ \_\_\_\_\_

STUDENT RESOURCES: \$ \_\_\_\_\_

STUDENT NEED: \$ \_\_\_\_\_

ENROLLED FULL TIME \_\_\_\_\_

ACADEMICALLY IN GOOD STANDING \_\_\_\_\_

INSTITUTION \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PROGRAM OFFICER \_\_\_\_\_

PERSON AND ADDRESS SCHOLARSHIP CHECKS SHOULD BE MAILED TO: \_\_\_\_\_  
CONTACT NAME

ADDRESS \_\_\_\_\_

DO YOU WANT CHECK MADE PAYABLE TO:

INSTITUTION AND STUDENT: \_\_\_\_\_  
STUDENT ONLY: \_\_\_\_\_

RETURN TO STUDENT OR MAIL TO:

FLORIDA BOARD OF ACCOUNTANCY  
240 NW 76th Dr., Suite A GAINESVILLE, FL 32607

## APPLICATION FOR THE FIFTH-YEAR ACCOUNTANCY SCHOLARSHIP

### I. FOR ALL STUDENTS:

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET & NUMBER

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*SOCIAL SECURITY NUMBER: \_\_\_\_\_ ETHNIC ORIGIN: ( ) WHITE, NOT OF HISPANIC ORIGIN  
 ( ) BLACK, NOT OF HISPANIC ORIGIN  
 ( ) HISPANIC  
 ( ) NONRESIDENT ALIEN (FOREIGN)  
 ( ) AMERICAN INDIAN OR ALASKAN  
 ( ) NONRESIDENT ALIEN (FOREIGN)

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and if Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

### STUDENT CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT ALREADY SAT FOR THE UNIFORM CERTIFIED PUBLIC ACCOUNTANT EXAMINATION FOR THE PURPOSE OF BECOMING A CERTIFIED PUBLIC ACCOUNTANT.

\_\_\_\_\_  
 SIGNATURE OF STUDENT APPLICANT DATE OF SIGNATURE

### II. TO BE FILLED OUT BY FINANCIAL AID OFFICE:

HAS THE STUDENT PREVIOUSLY RECEIVED FUNDS THROUGH THIS PROGRAM? ( ) YES ( ) NO  
 IF YES, AMOUNT: \$ \_\_\_\_\_

IS THE STUDENT A BONA FIDE FLORIDA RESIDENT? ( ) YES ( ) NO

IN WHICH DEGREE PLAN IS THE STUDENT ENROLLED? ( ) ACCTG. UNDERGRAD. ( ) ACCTG. GRAD.

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: \_\_\_\_\_

COST OF ATTENDANCE: \$ \_\_\_\_\_ RECOMMENDED AWARD: \$ \_\_\_\_\_  
 STUDENT RESOURCES: \$ \_\_\_\_\_  
 STUDENT NEED: \$ \_\_\_\_\_

DISBURSEMENT SCHEDULE: DATE (MM/YY)	AMOUNT	DATE OF FIRST DAY OF FALL CLASSES:
_____/____/____	\$ _____	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.

POINT COUNT (50 MAX FOR NEED, 25 MAX FOR OTHERS)  
 NEED \_\_\_\_\_  
 GPA \_\_\_\_\_  
 RES \_\_\_\_\_  
 TOTAL \_\_\_\_\_

\_\_\_\_\_  
 INSTITUTION DATE

\_\_\_\_\_  
 SIGNATURE OF PROGRAM OFFICER TELEPHONE NO.