

## INSTRUCTIONS FOR THE CLAY FORD SCHOLARSHIP APPLICATION

Disbursements of funds are 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(4), F.S.** as a lawful, permanent resident of Florida who is:

- (a) An African American, a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin.
- (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 Islands before 1778.
- (d) A Native American, a person who has origins in any of the Indian Tribes of North America before 1835, 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>** of the year in which the scholarship will apply.

APPLICATION CHECKLIST	
<input type="checkbox"/>	Clay Ford Scholarship Application
<input type="checkbox"/>	A copy of your most recent college or university transcripts
<input type="checkbox"/>	A copy of your Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR)
<input type="checkbox"/>	Registrar Verification Form
<input type="checkbox"/>	Financial Aid Verification Form
<input type="checkbox"/>	500-word essay on your career objectives

Checks are normally mailed in **September** and **January**. They will be sent to the educational institution and will be made payable to the educational institution (see Rule 61H1-38.005(2), F.A.C.).

### **Eligibility Criteria:**

1. Applicants must be enrolled as full-time students in a fifth year accounting program as defined in Section 473.306(2), F.S., at an approved institution as defined in Rule 61H1-27.001, F.A.C., and declared a major in accounting. (See below)
2. 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, and computer) and indirect costs (room and board, transportation, laundry, childcare and personal expenses).
3. Must be a minority as defined in 288.703(4), F.S.
4. Applicants must be of good moral character (See Rule 61H1-38.004(5), F.A.C.).
5. Must have a minimum undergraduate GPA of 2.5 based on a scale of 4.0.
6. Must be academically in good standing as defined by the College or University.
7. Must be a Florida Resident.

### **5<sup>th</sup> Year Accounting Eligibility Requirements (Rule 61H1-38.002):**

In order to be deemed a 5<sup>th</sup> year accounting student, you must have:

- Completed 120 semester hours or 180 quarter hours of an accounting education program and be currently enrolled in your 5<sup>th</sup> year of study in an accounting education program at a regionally accredited college or university in the state of Florida; **or**
- Be in the final semester in which you will be completing 120 semester hours or 180 quarter hours of academic study in an accounting education program with the intent of enrolling into your 5<sup>th</sup> year of study in an accounting education program the following semester at a regionally accredited college or university in the state of Florida.

Pursuant to Rule 61H1-27.002(3), F.A.C., the Florida Board of Accountancy defines a concentration in business and accounting as:

- Having completed 24 semester hours in upper-division accounting courses, to include Auditing, Cost/Managerial Accounting, Taxation, Financial Accounting, and Accounting Information Systems pursuant to Rule 61H1-27.002(3), F.A.C.
- Having completed 24 semester hours in general business administration to include three (3) semester hours business law with coverage in contracts, torts, and Uniform Commercial Code.

Personal Data

1. Enter your social security number in xxx-xxx-xxxx format. For instance, 000-00-0000.
2. Enter your date of birth in Month-Day-Year format. For instance, 08-17-1975.
3. Check the appropriate box relating to your gender.
4. Answer “Yes” if you are a permanent resident of Florida and “No” if you are not.
5. Enter your last name, first name, middle initial, and suffix. For instance, Doe, John K. Jr.
6. Enter your street address, city, state, and zip code. For instance, 1111 1<sup>st</sup> Street, Christmas, Florida 12345
7. Enter your phone number and mobile number area code first. For instance, (111) 111 – 1111.
8. Check the appropriate box relating to your minority designation.
9. Enter the name of each college or university that you attended, the name of the degree program and concentration you were/are enrolled, the date you received your degree (enter an anticipated date if you have not graduated) and your GPA. For instance:

UNIVERSITY/COLLEGE	DEGREE AND CONCENTRATION	DATE DEGREE RECEIVED	GPA
University of Florida	BS in Accounting	12-12-2016	3.63

10. Answer “Yes” if you have completed 120 semester hours or 180 quarter hours with a concentration in business and accounting as Pursuant to Rule 61H1-27.002(3) and “No” if you have not.
11. If you answered “No” to the previous question, enter the date in which you anticipate enrolling in your fifth year of an accounting education program. For instance, 01/06/2017.
12. A 3/2 program is a program that a student enrolls in that awards both a bachelor’s degree and a master’s degree. If you are unsure of your status, please check with your university/college. Answer “Yes” if you are enrolled in a 3/2 program. Otherwise, answer “No”.
13. Use caution when answering the background question. Unless your records have been sealed or expunged, you are required to answer “Yes” to this question if you have ever been convicted or found guilty of a crime. Additionally, if you plead no contest or guilty to a crime, even if the adjudication was withheld by the court, you are still required to answer “Yes” to this question. Your answer to this question may be checked against local, state and federal records. Failure to answer this question accurately may result in the denial or revocation of your application. If you do not understand the background question, consult with an attorney or contact the department. If answering yes to this question, please include separate statement giving full details.
14. Sign and date the application
15. Enter your first name, last name, and the name of your institution in the release at the bottom of the page.

Provide the registrar’s office with the Registrar’s Form for completion

Provide the financial aid office with the Financial Aid Form for completion.

Submit you application, the registrar’s form, the financial aid form, official copies of your transcripts, your 500-word essay, and a copy of your Student Aid Report together in one envelope to the following address:

Florida Board of Accountancy  
 Attn: Clay Ford Scholarship  
 240 NW 76<sup>th</sup> Drive, Suite A  
 Gainesville, FL 32607



**Education**

University/College	Degree and Concentration	Date Degree Awarded	Cumulative GPA

Have you completed 120 semester hours or 180 quarter hours of education at a regionally accredited college or university with a concentration in accounting pursuant to Rule 61H1-27.002(3)? (See application instructions)

YES       NO

If no, when do you anticipate completing this requirement?

\_\_\_\_\_ MM/YYYY

Are you currently enrolled as a full-time student in your fifth year of an accounting education program at a regionally accredited college or university in the state of Florida?

YES       NO

Where?

\_\_\_\_\_ Institution Name      City      State      Zip

If no, when do you anticipate enrolling into your fifth year of an accounting education program?

\_\_\_\_\_ MM/YYYY

Are you enrolled, or are you planning on enrolling, into a 3/2 bachelor/master program?

YES       NO

When do you expect to complete either your 3/2 bachelor/master program or graduate accounting program?

\_\_\_\_\_ MM/YYYY

**Employment Record**

Are you currently employed?       YES       NO

Position	Employer	Dates of Employment



**Application Certification**

Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying expunged or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR APPLICATION. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. 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, F.S. ADDITIONALLY, 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

I, \_\_\_\_\_, HEREBY AUTHORIZE \_\_\_\_\_  
First and Last Name (Name of Institution)

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

**TO BE COMPLETED BY REGISTRAR'S OFFICE**

## Student Information:

Last Name	First Name	Middle Initial	Student's Suffix
Street Address	City	State	Zip

Date of Birth: \_\_\_\_\_ Gender:  MALE  FEMALE Permanent Florida Resident?  YES  NO

MM/DD/YYYY

## Ethnic Origin of Student:

- An African American, a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin. See Chapter 288.703(4)(a), F.S.
- 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. See Chapter 288.703(4)(b), F.S.
- 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 Islands before 1778. See Chapter 288.703(4)(c), F.S.
- A Native American, a person who has origins in any of the Indian Tribes of North America before 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services. See Chapter 288.703(4)(d), F.S.
- An American woman. See Chapter 288.703(4)(e), F.S.

Enrollment Status:  Enrolled Full Time  In Good Academic Status  
 Enrolled Part Time  Not In Good Academic Status

Return to student or mail to:

Florida Board of Accountancy  
 Attn: Clay Ford Scholarship  
 240 NW 76<sup>th</sup> Drive, Suite A  
 Gainesville, FL 32607

**OFFICIAL  
 SEAL**

\_\_\_\_\_  
 Institution Name

\_\_\_\_\_  
 Signature of Program Officer

\_\_\_\_\_  
 Date

**THIS PAGE MUST BE COMPLETED BY YOUR FINANCIAL AID OFFICE**

Student Information:

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial                      Student's Suffix

\_\_\_\_\_  
 Street Address                      City                      State                      Zip

Date of Birth:                      Gender:     MALE     FEMALE    Permanent Florida Resident?     YES     NO

\_\_\_\_\_  
 MM/DD/YYYY

Estimated Annual Cost of Attendance (COA): \_\_\_\_\_

Student's Expected Family Contribution (EFC): \_\_\_\_\_                      COA – EFC = Financial Need

Financial Need: \_\_\_\_\_

Has this student previously received funding through the Clay Ford Scholarship program?     YES     NO

If yes, what amount did the student receive?    \$ \_\_\_\_\_

Is the student a bona fide Florida resident?                       YES     NO

In which degree program is the student enrolled?     Acct Undergraduate     Acct 3/2     Acct Graduate

Student's Overall GPA on a 4.0 Scale: \_\_\_\_\_

Overall GPA?                      \$ \_\_\_\_\_

Is the Student in Good Academic Standing as defined by the College or University?                       YES     NO

What address should we mail scholarship checks to?

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Street Address or Post Office Box

\_\_\_\_\_  
 City, State and Zip Code

Who should we contact at the school if we have any questions?

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address

Return to student or mail to:

Florida Board of Accountancy  
 Attn: Clay Ford Scholarship  
 240 NW 76<sup>th</sup> Drive, Suite A  
 Gainesville, FL 32607

**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.

**OFFICIAL  
 SEAL**

\_\_\_\_\_  
 Institution Name

\_\_\_\_\_  
 Signature of Program Officer                      Date