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 1st of the year in which the scholarship will apply.

APPLICATION CHECKLIST

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<tr>
<td>□</td>
<td>Clay Ford Scholarship Application</td>
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<td>A copy of your most recent college or university transcripts</td>
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<td>□</td>
<td>A copy of your Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR)</td>
</tr>
<tr>
<td>□</td>
<td>Registrar Verification Form</td>
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<td>□</td>
<td>Financial Aid Verification Form</td>
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<tr>
<td>□</td>
<td>500-word essay on your career objectives</td>
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</tbody>
</table>

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.

5th Year Accounting Eligibility Requirements (Rule 61H1-38.002):

In order to be deemed a 5th 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 5th 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 5th 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 1st 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:

<table>
<thead>
<tr>
<th>UNIVERSITY/COLLEGE</th>
<th>DEGREE AND CONCENTRATION</th>
<th>DATE DEGREE RECEIVED</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Florida</td>
<td>BS in Accounting</td>
<td>12-12-2016</td>
<td>3.63</td>
</tr>
</tbody>
</table>

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 76th Drive, Suite A
Gainesville, FL 32607
FLORIDA BOARD OF ACCOUNTANCY
CLAY FORD SCHOLARSHIP FOR
5TH YEAR ACCOUNTING STUDENTS

THIS PROGRAM EXISTS TO PROVIDE SCHOLARSHIPS TO MINORITY ACCOUNTING STUDENTS AND TO PROVIDE FINANCIAL ASSISTANCE FOR THE FIFTH YEAR OF AN ACCOUNTING EDUCATION. AWARDING OF SCHOLARSHIP MONIES HAS NO BEARING ON THE ELIGIBILITY TO SIT FOR THE CPA EXAMINATION OR BECOME LICENSED AS A FLORIDA CERTIFIED PUBLIC ACCOUNTANT. ALL APPLICANTS MUST BE ENROLLED AS A FULL-TIME STUDENT IN THEIR FIFTH YEAR OF AN ACCOUNTING EDUCATION PROGRAM AS DEFINED IN CHAPTER 473.3065, F.S.

Social Security Number XXX-XX-XXXX Date of Birth: MM-DD-YYYY

Gender: □ MALE □ FEMALE

Are you a permanent Florida resident? □ YES □ NO

Last Name First Name Middle Initial Suffix

Street Address City State Zip Code

Home Phone Number (__________) __________ - __________ Mobile Phone Number: (_________) _________ - __________

Under which of the following minority designations do you qualify:

☐ 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.

Do you plan on taking the CPA Exam? ☐ YES ☐ NO If Yes, When? ____________

If no, please explain: ______________________________________________________________________________________

Gender: □ MALE □ FEMALE

Are you a permanent Florida resident? □ YES □ NO
Education

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<tr>
<th>University/College</th>
<th>Degree and Concentration</th>
<th>Date Degree Awarded</th>
<th>Cumulative GPA</th>
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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?

__________________________

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?

__________________________

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?

__________________________

Employment Record

Are you currently employed?  ☐ YES  ☐ NO

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<tr>
<th>Position</th>
<th>Employer</th>
<th>Dates of Employment</th>
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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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Student’s Suffix</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

Date of Birth: MM/DD/YYYY

Gender: □ MALE  □ FEMALE  Permanent Florida Resident? □ YES □ NO

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 76th Drive, Suite A
Gainesville, FL 32607

OFFICIAL SEAL

Institution Name

Signature of Program Officer  Date
### Student Information:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Student’s Suffix</th>
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</table>

Date of Birth: [ ] MM/DD/YYYY  Gender: [ ] MALE  [ ] FEMALE  Permanent Florida Resident? [ ] YES [ ] NO

Estimated Annual Cost of Attendance (COA):

Student’s Expected Family Contribution (EFC):

Financial Need: COA – EFC = 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 76th 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