

THIS PAGE MUST BE COMPLETE BY YOUR FINANCIAL AID OFFICE

Student's last name _____ Student's first name _____ Middle Initial _____ Suffix _____

Student's street address _____ City _____ State _____ Zip Code _____

DATE OF BIRTH _____ SEX: MALE _____ FEMALE _____ PERMANENT FLORIDA RESIDENT YES NO
(MM/DD/YYYY)

COST OF ATTENDANCE: \$ _____

STUDENT RESOURCES: \$ _____

STUDENT NEED: \$ _____

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? () ACCT UNDERGRADUATE () ACCT 3/2 () ACCT GRADUATE

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: _____

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

ADDRESS _____

ADDRESS _____

CITY, STATE ZIP CODE _____

SCHOLARSHIP CHECK WILL BE MADE PAYABLE TO: INSTITUTION

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

SIGNATURE OF PROGRAM OFFICER DATE