

INSTRUCTIONS FOR THE CLAY FORD SCHOLARSHIP APPLICATION

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(4), 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 1st**. 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 **September** as to whether or not you will receive a scholarship. Checks will be mailed in **September** and **January**. 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, and computer) and indirect costs (room and board, transportation, laundry, childcare and personal expenses).
2. Must be a minority as defined in **288.703(4), F.S.**
3. Applicants must be enrolled as a full-time student in their fifth year of an accounting education program as defined in **473.3065, F.S.** at an accredited Florida.
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 scholarship for the spring semester.
7. Must be a Florida resident as defined in **473.3065, F.S.**



FLORIDA BOARD OF ACCOUNTANCY CLAY FORD SCHOLARSHIP FOR 5TH YEAR ACCOUNTING STUDENTS

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. ALL APPLIANTS MUST ALSO BE ENROLLED AS A FULL-TIME STUDENT IN THEIR FIFTH YEAR OF AN ACCOUNTING EDUCATION PROGRAM AS DEFINED IN 473.3065, F.S.

PERSONAL DATA

Social Security Number _____

_____, _____, _____, _____
Last Name First Name Middle Initial Suffix

_____, _____, _____, _____
Street Address City State Zip Code

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

HOME PHONE NUMBER (_____) _____ - _____ MOBILE PHONE: (_____) _____ - _____

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

AFRICAN AMERICAN: ___ HISPANIC AMERICAN: ___ ASIAN AMERICAN: ___ NATIVE AMERICAN: ___ AMERICAN WOMAN: ___

EDUCATIONAL DATA

DEGREES (ATTACH OFFICIAL TRANSCRIPTS)

UNIVERSITY/COLLEGE DEGREE RECEIVED/ANTICIPATED DEGREE AWARDED/EXPECTED

WHAT IS YOUR CULULATIVE G.P.A? _____

Note: Students must have completed 120 semester hours and be enrolled in their fifth year of an accounting education program prior to the semester when scholarship funds are disbursed. A fifth year student is a student that has completed 120 semester hours and is currently enrolled in the fifth year of their 3/2 combined bachelor/master program or has completed 120 semester hours and is currently enrolled in a graduate accounting program.

HAVE YOU COMPLETED 120 SEMESTER HOURS? YES NO

IF NO, WHEN WILL YOU COMPLETE 120 SEMESTER HOURS? _____
(MONTH, YEAR)

ARE YOU CURRENTLY ENROLLED IN YOUR FIFTH YEAR OF AN ACCOUNTING EDUCATION PROGRAM AT AN INSTITUTION IN THIS STATE APPROVED BY THE BOARD BY BOARD RULE? YES NO

WHERE? _____
INSTITUTION'S NAME CITY STATE ZIP

ARE YOU A FULL-TIME STUDENT? YES NO

WHEN DO YOU EXPECT TO COMPLETE EITHER YOUR 3/2 BACHELOR/MASTER PROGRAM OR GRADUATE ACCOUNTING PROGRAM? _____ (MONTH, YEAR)

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 _____ \$ _____

TOTAL \$ _____

USE OF FUNDS

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)

Five horizontal lines for writing career objectives.

DO YOU PLAN ON TAKING THE CPA EXAM? ____ YES ____ NO IF YES, WHEN? _____ (MM/YYYY)

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, 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 _____ (Name of Institution)

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

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