Rev 01/2015

THIS PAGE MUST BE COMPLETED BY YOUR REGISTRAR'S OFFICE

TO BE COMPLETE BY REGISTRAR'S 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)

ETHNIC ORIGIN:

( ) AFRICAN AMERICAN
( ) HISPANIC AMERICAN
( ) ASIAN AMERICAN
( ) NATIVE AMERICAN
( ) AMERICAN WOMEN

UNIVERSITY VERIFICATION:

❑ ENROLLED FULL TIME
❑ ENROLLED PART TIME
❑ ACADEMICALLY IN GOOD STANDING
❑ NOT ACADEMICALLY IN GOOD STANDING

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

_____
SIGNATURE OF PROGRAM OFFICER DATE