



**Florida Institute of CPAs Educational Foundation, Inc.**  
*Established in 1959 as the R. Warner Ring Educational Foundation, Inc.*  
 325 West College Avenue • P.O. Box 5437 • Tallahassee, FL 32314 • (850) 224-2727  
 • Fax (850) 222-8190 • Web Site: [www.ficpa.org/edfoundation](http://www.ficpa.org/edfoundation)

## SCHOLARSHIP APPLICATION

**Important: Fill out form legibly (preferably typed or electronically) and completely  
 Applications will not be accepted if they are incomplete or illegible.**

### APPLICANT INFORMATION

<b>Applicant Name:</b>		<b>Soc. Sec. Number:</b>	
Last	First	Middle Int.	- -
<b>Current Address:</b>		<b>Phone Number:</b>	
Street & Number	City & State	Zip	( ) -
<b>Permanent Address:</b>		<b>Phone Number:</b>	
Street & Number	City & State	Zip	( ) -
<b>Date of Birth:</b>	<b>Citizen of the US or Permanent Residency Status:</b>	<b>Resident of the State of FL:</b>	<b>If yes, permanent resident of what county:</b>
/ /	Yes: ___ Specify which: _____ No: ___	Yes: _____ No: _____	_____
<b>Number of dependants:</b>	<b>Personal E-mail Address:</b>	<b>School E-mail address:</b>	

### COLLEGE EDUCATION

<b>Degrees Received/Anticipated:</b>	/
<b>Date of Graduation or Expected Date:</b>	/
<b>College/University:</b>	
<b>Cumulative Grade Point Average:</b>	<b>Cumulative Accounting Average:</b>
When do you expect to complete the additional 30 semester hours or 45 quarter hours?	

**ATTACH OFFICIAL TRANSCRIPTS FOR UNDERGRADUATE AND GRADUATE (IF APPLICABLE)**

### EMPLOYMENT RECORD

Position	Employer	Dates

### CAREER OBJECTIVE

(Describe in Detail)

Do you plan to remain in Florida upon Graduation?	Yes: _____ No: _____
Do you plan to take the CPA Exam in Florida?	Yes: _____ No: _____
If yes, when do you anticipate taking it?	

ADDITIONAL COMMENTS
Please provide any additional comments such as recent professional, social, charitable and extracurricular activities:

FINANCIAL DATA	
Annual sources of Anticipated Revenue and expenses for the 12 month period (Sept. 1 - Aug. 31) covered by this scholarship application:	
SOURCE OF FUNDS	
Amount Earned by Applicant:	\$
Amount Earned by persons in household: (including spouse or other family members -- not including parents)	\$
Amount received from parents: (including value of food, lodging and gas if living with parents)	\$
Amount received from scholarships: (list source(s)) _____ _____ _____	\$
Amount received from other sources: (including loan proceeds - please specify) _____ _____ _____	\$
<b>TOTAL: (MUST EQUAL USE OF FUNDS)</b>	<b>\$</b>
USE OF FUNDS	
Housing:	\$
Food:	\$
Transportation:	\$
Tuition, books, and supplies:	\$
Other expenses: (Please specify) _____ _____ _____	\$
<b>TOTAL: (MUST EQUAL SOURCE OF FUNDS)</b>	<b>\$</b>

Sources and uses of funds must be in balance. Provide explanations for any discrepancies.

The following information will be used for statistical and demographic purposes only and tracks the State of Florida Equal Employment Opportunity and Affirmative Action categories.

**Sex:**  
Female: \_\_\_\_\_ Male: \_\_\_\_\_

**Race:**  
Caucasian: \_\_\_\_\_ African American: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
Pacific Islander: \_\_\_\_\_ American Indian: \_\_\_\_\_  
Alaskan Native: \_\_\_\_\_ Asian \_\_\_\_\_ Other: \_\_\_\_\_

Scholarship checks are awarded by the FICPA Educational Foundation at local FICPA Chapter Meetings. In signing this application, the applicant acknowledges that if he/she is a recipient of a scholarship award, he/she is expected to attend the Chapter meeting at which the award is presented.

**SIGNED:** \_\_\_\_\_  
(Student)

The undersigned faculty members of the \_\_\_\_\_  
(Department)  
of the \_\_\_\_\_ recommend the above named student for a Florida  
(University)  
Institute of CPAs Educational Foundation Scholarship.

**Scholarship Selection Process:**

**January:** Applications sent to schools  
**February 15:** Deadline for 1040K Run/Walk scholarship applications  
**April 15:** Deadline for FICPA Educational Foundation scholarships  
**April 21:** 1040K Run/Walk scholarship checks presented  
**June:** Board of Trustees meet to select scholarship recipients  
**September/October:** FICPA Educational Foundation scholarship checks presented at FICPA Chapter meetings  
**Please note: Scholarships are not transferable to another educational institution**

**Date of Completion:** \_\_\_\_\_

**SIGNED:**  
\_\_\_\_\_  
(Chairman, Accounting Department)  
\_\_\_\_\_  
(Faculty Member)  
\_\_\_\_\_  
(Faculty Member)

Updated at the EDF BOT on 11/07/2011

Submit a completed application along with a complete, official transcript to the Accounting Scholarship Chairman at your school as soon as possible. If you are not sure who to contact, please call or email Betsy Wilson at 850-224-2727, ext. 0, or wilsonb@ficpa.org. Your application will be reviewed by accounting faculty and, if selected, it will be forwarded to the FICPA Educational Foundation on your behalf by the April 15, 2012 deadline.