

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)	\$
Amount received from other sources: (including scholarships, loans, etc. - please specify)	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL: (MUST EQUAL USE OF FUNDS)	\$
USE OF FUNDS	
Housing:	\$
Food:	\$
Transportation:	\$
Tuition, books, and supplies:	\$
Other expenses: (Please specify)	\$
_____	\$
_____	\$
_____	\$
TOTAL: (MUST EQUAL SOURCE OF FUNDS)	\$

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: _____

James Wilcox African-American 5th Year Scholarship recipients are recognized at FICPA Chapter meetings. In signing this application, the applicant acknowledges that if he/she is a recipient of an award, he/she is expected to attend the meeting at which the award is recognized.

SIGNED: _____
(Student)

The undersigned faculty members of the _____
(Department)
of the _____ recommend the above named student for a James Wilcox
(University)
African-American 5th Year Scholarship.

**James Wilcox African American 5th Year
Scholarship Selection Process:**

January: Applications distributed

April 15: Deadline for James Wilcox African-American 5th Year scholarship applications

June: Board of Trustees meet to select scholarship recipients

September: Wilcox scholarship checks mailed to schools

September/October: Recipients recognized at FICPA Chapter meetings

Date of Completion: _____

SIGNED:

(Chairman, Accounting Department)

(Faculty Member)

(Faculty Member)

Updated at the EDF BOT on 11/07/2011

Please complete, print and sign this application. Secure all the documents required as noted on the first page of the application as well as the required information and signatures on the last page of the application. If you have any questions, please contact Betsy Wilson at 850-224-2727, ext. 0, or wilsonb@ficpa.org. Submit the entire application packet to the P.O. Box shown on the top of the scholarship application by the April 15, 2012 deadline.