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

1040K 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

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

COLLEGE EDUCATION

Degrees Received/Anticipated:

Date of Graduation or Expected Date: /

College/University:

Cumulative Grade Point Average: **Cumulative Accounting Average:**

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) _____ _____ _____	**$**
TOTAL: *(MUST EQUAL USE OF FUNDS)*	**$**
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. <u>Provide explanations for any discrepancies.</u>

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 the 1040K. 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 event 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 1040K Scholarship.

Scholarship Selection Process:

December: 1040K Applications sent to schools
February 15: Deadline for 1040K scholarship applications
April 15: Deadline for FICPA Educational Foundation and Wilcox 5th Year scholarship applications
April: 1040K scholarship checks presented
June: Board of Trustees meets to select EDF and Wilcox 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 February 15 deadline.

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