



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

James Wilcox Endowed 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:		FICPA Membership 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 United States:	Resident of the State of FL:
/ /	Yes: _____ No: _____	Yes: _____ No: _____
Number of dependents:	Personal E-mail Address:	School E-mail address:

UNDERGRADUATE RECORD	GRADUATE RECORD
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Degree and Major:	Degree and Major:
Date Degree Conferred:	Date Degree Conferred:
College/University:	College/University:
Cumulative Grade Pt. Average/Cumulative Accounting Average:	Cumulative Grade Pt. Average/Cumulative Accounting Average:

ATTACH UP-TO-DATE RESUME, OFFICIAL TRANSCRIPTS OF ALL UNDERGRADUATE/GRADUATE WORK, AND A LETTER OF RECOMMENDATION FROM FACULTY

EMPLOYMENT RECORD

Position	Employer	Dates

CAREER OBJECTIVE

(Describe in detail including school attending for 5th year studies and semester studies will begin)

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 on recent involvement with the FICPA such as service as a FICPA Campus Ambassador/FICPA Chapter Student Liaison and/or attendance at FICPA sponsored student events. Please provide additional comments on recent involvement in student organizations at your college/university and involvement in your community.

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 Endowed 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 and to become involved in FICPA sponsored student events in their local area.

SIGNED: _____
(Student)

The undersigned faculty members of the _____
(Department)
of the _____ recommend the above named student for a James Wilcox
(University)
Endowed Scholarship.

**James Wilcox Endowed Scholarship
Selection Process:**

- January:** Applications distributed
- March 15:** Deadline for submission of application by student to faculty
- April 15:** Deadline submission for James Wilcox Endowed scholarship applications from faculty to EDF
- 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 11/20/15

Submit a completed application along with an up-to-date resume and official transcripts of all undergraduate and graduate work to the Accounting Scholarship Chairman at your school as soon no later than March 15th. 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 15th deadline.