



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

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:	

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:	

[illegible][illegible]

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
<p>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.</p>

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 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)
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 11/17/14

Please 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. Submit the entire packet which should include the application with all the required signatures, resumes, official transcripts and a letter of recommendation from the accounting faculty. Send the packet to the P.O. Box shown on the top of the application no later than the April 15 deadline. If you have any questions regarding the application, please call or email Betsy Wilson at 850-224-2727, ext. 0, or wilsonb@ficpa.org.