

INSTRUCTIONS TO APPLICANTS FOR MINORITY SCHOLARSHIPS

Disbursement of funds is contingent on an appropriation from the Legislature.

If an applicant has attended a non-accredited institution, the applicant must show acceptance into a graduate degree program at an accredited institution.

Minorities are defined in **288.703(3), F.S.** as:

A lawful, permanent resident of Florida who is:

- (A) An African American, a person having origins in any of the racial groups of the African Diaspora.
- (B) A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.
- (C) An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands including the Hawaiian Island prior to 1778.
- (D) A native American, a person who has origins in any of the Indian Tribes of North America prior to 1836, upon presentation of proper documentation thereof as established by rule of the department of Management Services.
- (E) An American woman.

Applications must be postmarked by **June 1st**. A copy of the current transcripts must be attached. Also a copy of your most recent federal financial aid form (**FAFSA**) must be attached. A Financial Release Form must be completed by the Financial Aid office and attached to the application. You will be notified in **September** as to whether or not you will receive a scholarship. Checks will be mailed in **September** and **January**. They will be sent to the educational institution and will be made payable to the educational institution and the student.

Eligibility Criteria:

1. Financial need-defined as cost of attendance less the expected family contribution and any gift aid. Gift aid is defined as grant or scholarship money, which does not have to be paid back. Cost of attendance includes direct educational costs (tuition, supplies, and computer) and indirect costs (room and board, transportation, laundry, childcare and personal expenses).
2. Must be a minority as defined in **288.703(3), F.S.**
3. Must be enrolled as a full time student in a fifth year of accounting program as defined in **473.3065** at an accredited Florida institution and declared a major in accounting.
4. Must have a minimum **GPA** of 2.5 based on a scale of 4.0.
5. Must be academically in good standing as defined by the College or University.
6. Since scholarship are normally awarded in the spring for the fall and following spring semesters, an applicant who will complete the 120 semester hours in the fall can request consideration for a \$3,000 scholarship for the spring semester.
7. Must be a Florida resident **473.3065, F.S.**



FLORIDA BOARD OF ACCOUNTANCY MINORITY SCHOLARSHIP 5TH YEAR ACCOUNTING STUDENTS

THIS PROGRAM EXISTS TO PROVIDE SCHOLARSHIPS TO MINORITY ACCOUNTING STUDENTS TO PROVIDE FINANCIAL ASSISTANCE FOR THE FIFTH YEAR OF ACCOUNTING EDUCATION. AWARDING OF SCHOLARSHIP MONIES HAS NO BEARING ON ELIGIBILITY TO SIT FOR THE CPA EXAMINATION OR BECOME LICENSED AS A CPA. MUST ALSO BE ENROLLED AS A FULL TIME STUDENT IN THE FIFTH YEAR FOR THE SEMESTER (S) WHEN THE MONEY IS DISBURSED.

PERSONAL DATA

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Street Address _____ City _____ State _____ Zip Code _____

DATE OF BIRTH _____ SEX: MALE ___ FEMALE ___ PERMANENT FLORIDA RESIDENT YES NO
(MM/DD/YYYY)

HOME PHONE NUMBER (_____) _____ - _____ CELL PHONE: (_____) _____ - _____

UNDER WHICH OF THE FOLLOWING MINORITY DESIGNATIONS DO YOU QUALIFY (SEE INSTRUCTIONS FOR DEFINITION):

AFRICAN AMERICAN: ___ HISPANIC: ___ ASIAN AMERICAN: ___ NATIVE AMERICAN: ___ AMERICAN WOMAN: ___

EDUCATIONAL DATA

DEGREES (ATTACH OFFICIAL TRANSCRIPTS)

RECEIVED/ANTICIPATED AWARDED/EXPECTED UNIVERSITY/COLLEGE

CUMULATIVE G.P.A. ___ ACCTG. AVE. ___ HAVE YOU COMPLETED 120 SEMESTER HOURS ? ___ YES ___ NO

Note: Students must have completed 120 semester hours prior to the semester when scholarship funds are disbursed.

IF NO, WILL YOU COMPLETE BY THE FALL SEMSTER ? ___ YES ___ NO

BY THE SPRING SEMESTER NEXT YEAR? ___ YES ___ NO

IF NO, WHEN WILL YOU COMPLETE THE 120 SEMESTER HOURS? _____

WHEN DO YOU EXPECT TO COMPLETE THE ADDITIONAL 30 SEMESTER HOURS OR 45 QUARTER HOURS? _____
(MM/YYYY)

ARE YOU CURRENTLY ENROLLED? YES NO ARE YOU A FULL TIME STUDENT? YES NO

WHERE? _____
Institution's Name City State Zip Code

FINANCIAL DATA

ANNUAL SOURCES OF ANTICIPATED REVENUES AND EXPENSES FOR THE APPLICANT AND SPOUSE (IF APPLICABLE) FOR THE 12 MONTH PERIOD COVERED BY THIS SCHOLARSHIP APPLICATION:

EARNED BY APPLICANT & SPOUSE \$ _____

EARNED BY OTHER PERSONS RESIDING IN HOUSEHOLD \$ _____

RECEIVED FROM PARENTS (INCLUDING VALUE OF FOOD & LODGING IF LIVING WITH PARENTS) \$ _____

RECEIVED FROM SCHOLARSHIPS AND GRANTS (LIST SOURCES YOU ARE NOT REQUIRED TO PAY BACK IN ANY FORM):

SOURCE _____ \$ _____

SOURCE _____ \$ _____

RECEIVED FROM OTHER SOURCES (INCLUDE LOAN PROCEEDS, PLEASE SPECIFY)

SOURCE _____ \$ _____

SOURCE _____ \$ _____

TOTAL \$ _____

USE OF FUNDS HOUSING \$ _____

FOOD \$ _____

TRANSPORTATION \$ _____

TUITION, BOOKS, SUPPLIES \$ _____

CHILD CARE \$ _____

OTHER (PLEASE SPECIFY) _____ \$ _____

TOTAL \$ _____

SOURCES AND USE OF FUNDS MUST BE IN BALANCE; PROVIDE EXPLANATION FOR ANY DISCREPANCIES.

HAVE YOU FILED AN APPLICATION FOR OTHER FINANCIAL AID? ____ YES ____ NO IF YES, ATTACH COPY.

EMPLOYMENT RECORD

Table with 3 columns: POSITION, EMPLOYER, DATES. Includes three horizontal lines for data entry.

CAREER OBJECTIVES

(DESCRIBE IN DETAIL - ATTACH ADDITIONAL SHEETS IF NECESSARY)

Five horizontal lines for writing career objectives.

DO YOU PLAN ON TAKING THE CPA EXAM? ____ NO ____ YES IF YES, WHEN? _____
(MM/YYYY)

IF NO, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, REGARDLESS OF ADJUDICATION, IN ANY STATE OR JURISDICTION? ____ YES ____ NO IF YES, ATTACH A SEPARATE STATEMENT GIVING FULL DETAILS.

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF I AM ELIGIBLE FOR A MINORITY SCHOLARSHIP UNDER THE CRITERIA SET FORTH IN 473.3065. ADDITIONALLY, I AM A PERSON OF "GOOD MORAL CHARACTER," HAVING A PERSONAL HISTORY OF HONESTY, FAIRNESS, AND RESPECT FOR THE RIGHTS OF OTHERS AND FOR THE LAWS OF THIS STATE AND NATION.

SIGNATURE

DATE

I, _____, HEREBY AUTHORIZE _____
(Name of Institution)

TO RELEASE INFORMATION TO THE FLORIDA BOARD OF ACCOUNTANCY REGARDING THE COST OF ATTENDANCE, ENROLLMENT INFORMATION AND FINANCIAL INFORMATION.

MUST BE COMPLETE BY THE INSTITUTION YOU ARE ENROLLED

TO BE COMPLETE BY REGISTRAR'S OFFICE:

Student's last name Student's first name Middle Initial Suffix

Student's street address City State Zip Code

DATE OF BIRTH _____ SEX: MALE ____ FEMALE ____ PERMANENT FLORIDA RESIDENT YES NO
(MM/DD/YYYY)

ETHNIC ORIGIN: () WHITE, NOT OF HISPANIC ORIGIN
() BLACK, NOT OF HISPANIC ORIGIN
() HISPANIC
() NONRESIDENT ALIEN (FOREIGN)
() AMERICAN INDIAN OR ALASKAN
() NONRESIDENT ALIEN (FOREIGN)

UNIVERSITY VERIFICATION: ENROLLED FULL TIME
 ENROLLED PART TIME
 ACADEMICALLY IN GOOD STANDING
 NOT ACADEMICALLY IN GOOD STANDING

**OFFICIAL
SEAL**

INSTITUTION

SIGNATURE OF PROGRAM OFFICER DATE

TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

Student's last name Student's first name Middle Initial Suffix

Student's street address City State Zip Code

DATE OF BIRTH _____ SEX: MALE _____ FEMALE _____ PERMANENT FLORIDA RESIDENT YES NO
(MM/DD/YYYY)

COST OF ATTENDANCE: \$ _____

STUDENT RESOURCES: \$ _____

STUDENT NEED: \$ _____

HAS THE STUDENT PREVIOUSLY RECEIVED FUNDS THROUGH THIS PROGRAM? () YES () NO

IF YES, AMOUNT: \$ _____

IS THE STUDENT A BONA FIDE FLORIDA RESIDENT? () YES () NO

IN WHICH DEGREE PLAN IS THE STUDENT ENROLLED? () ACCTG. UNDERGRAD. () ACCTG. GRAD.

STUDENT'S OVERALL GRADE POINT AVERAGE ON A 4.0 SCALE: _____

OVERALL GRADE POINT AVERAGE REQUIRED FOR AN UNDERGRADUATE DEGREE IN ACCOUNTING: _____

OVERALL GRADE POINT AVERAGE REQUIRED FOR A GRADUATE DEGREE IN ACCOUNTING: _____

PERSON AND ADDRESS SCHOLARSHIP CHECKS SHOULD BE MAILED TO: _____
CONTACT NAME

ADDRESS

ADDRESS

CITY, STATE ZIP CODE

SCHOLARSHIP CHECK WILL BE MADE PAYABLE TO: INSTITUTION AND STUDENT

RETURN TO STUDENT OR MAIL TO: FLORIDA BOARD OF ACCOUNTANCY
ATTN: MINORITY SCHOLARSHIP
240 NW 76TH DRIVE, SUITE A
GAINESVILLE, FL 32607

FINANCIAL AID OFFICE CERTIFICATION
I HEREBY CERTIFY THAT I HAVE APPLIED OR CAUSED TO BE APPLIED ALL RULES AND REGULATIONS REGARDING THIS PROGRAM IN DETERMINING STUDENT ELIGIBILITY AND RECOMMENDING THIS STUDENT FOR THE AWARD INDICATED ABOVE. I WILL MAINTAIN THE NECESSARY RECORDS TO JUSTIFY THIS AWARD IN CASE OF A PROGRAM AUDIT.

INSTITUTION

SIGNATURE OF PROGRAM OFFICER DATE