

2021-2022 Application for the Fifth-Year Accounting Student Scholarship

SECTION I. TO BE FILLED OUT BY THE STUDENT

Last Name _____	First Name _____	Middle Initial _____	Social Security Number _____
Street Address _____ _____			Ethnic Origin (required) <input type="radio"/> White, non-Hispanic <input type="radio"/> Asian or Pacific Islander <input type="radio"/> African American, Black <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Hispanic or Latino <input type="radio"/> Other
City _____	Zip _____		

This is a Contract with the Texas State Board of Public Accountancy

I understand that the purpose of the scholarship is to help accounting students become Texas CPAs. To receive the scholarship, I understand and agree to the following contractual obligations with the Texas State Board of Public Accountancy:

Initial in the spaces provided.

_____ submit an Application of Intent to the Texas State Board of Public Accountancy (the Board), the application may be found on the Board's website at www.tsbpa.texas.gov,

_____ attach a copy of my acknowledgment letter from the Board confirming receipt of the Application of Intent,

_____ confirm that I have completed the following minimum education requirements necessary for the scholarship:

- 120 semester hours of college coursework and
- 15 semester hours of accounting,

_____ confirm that I have **less than 30 semester hours** remaining in my courses of study to meet all of the education requirements to take the CPA Exam,

_____ take the CPA Exam as a Texas candidate within 3 years of submitting the Application of Intent,

_____ confirm that after passing the CPA Exam, I will become a licensed CPA in Texas, and

_____ confirm that I will repay to the Board within 30 days after notice from the Board, all of the Fifth-Year Accounting Student Scholarship funds that I receive, if I am unable or do not meet these contractual obligations.

Applicant's Signature _____ Date Signed _____

Next Steps: Please give this form to your university's Department of Accounting for completion.

SECTION II. TO BE FILLED OUT BY THE DEPARTMENT OF ACCOUNTING

Did the student complete a baccalaureate degree or at least 120 hours of college coursework by the beginning of the term in which the award is made? () yes () no

In which degree plan is the student enrolled? () acctg, certificate () acctg, undergrad () acctg, graduate

Is the student making satisfactory academic progress? () yes () no

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: _____.

Did the student complete at least 15 semester hours of upper-level accounting coursework by the beginning of the term for which the award is made? () yes () no

Does the student have **less than 30 semester hours remaining** in courses of study to meet the following education requirements to take the CPA Exam? () yes () no.

If **NO**, the student is not eligible to be considered for the scholarship.

If **YES**, indicate below the area(s) where the student is deficient.

150 semester hours of college credit () yes () no

30 semester hours of upper level accounting courses () yes () no

24 semester hours of upper level business courses () yes () no

3 semester hours of a Board-approved ethics course () yes () no

Department of Accounting Certification

I certify that the above-named student is in compliance with the educational qualifications for the Texas State Board of Public Accountancy Fifth-Year Accounting Scholarship, and I recommend that the Financial Aid Department at the university process the application for an award.

The above-named student applicant is eligible for an award at the beginning of the:

() fall semester – 20____ () spring semester – 20____ () summer semester – 20____

Print Name of Dean or Director for the Department of Accounting	Date
Signature of Dean or Director for the Department of Accounting	Telephone Number

SECTION III. TO BE FILLED OUT BY THE FINANCIAL AID OFFICE

Has the student previously received funds through this program at this institution? () yes () no

Is the student a bona fide Texas resident? () yes () no

Is the student enrolled part-time, full-time, or in their final semester? () part-time () full-time () final semester

Cost of attendance: \$ _____ Recommended Award \$ _____

Student resources: \$ _____

Student need: \$ _____

Disbursement schedule: Date (mm/yy) Amount
 _____/_____/_____ \$ _____
 _____/_____/_____ \$ _____
 _____/_____/_____ \$ _____

Date of first day of classes: fall ____/____/____
 mm dd yy

 spring ____/____/____
 mm dd yy

 summer ____/____/____
 mm dd yy

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 and FICE Code	Date
Signature of Program Officer	Telephone Number

Point Count	
Texas Resident	_____ maximum 25 points
Academic Status	_____ maximum 25 points
Financial Need	_____ maximum 50 points
	_____ Total (maximum 100 points)