



## 2012 American Woman's Society of Certified Public Accountants SCHOLARSHIP APPLICATION

Please complete this application and send to the Directors of Scholarships for the NYC Affiliate:

**Eva Minsteris**

**c/o JSB Partners**

**747 Third Avenue, 15<sup>th</sup> Floor**

**New York, NY 10017**

For questions, please email [em@jsbpartners.com](mailto:em@jsbpartners.com).

Applications must be postmarked by **May 1, 2012.**

**Please note: incomplete sections of this application may affect scholarship scorings.**

NAME \_\_\_\_\_  
(First) (Middle) (Last)

EMAIL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
(Please include area code)

SCHOOL NAME/ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SCHOOL TELEPHONE NUMBER \_\_\_\_\_  
(Please include area code)

### QUALIFICATION REQUIREMENTS

	CHECK	
	YES	NO
1. I am enrolled in an undergraduate or graduate accounting degree program.	0	0
2. I will have completed at least one semester of Intermediate Accounting by May 1, 2012.	0	0
3. I have maintained at least a cumulative B average.	0	0

NAME \_\_\_\_\_

4. I am attending college or maintain a permanent residence within commuting distance of New York City.                    0                    0

5. I agree to continue my accounting program through the Fall 2012 semester.                    0                    0

1. List your:

- a) Overall cumulative grade point average \_\_\_\_\_
- b) Accounting grade point average \_\_\_\_\_
- c) School's grade point system (i.e., A = 4.0 or A = 5.0) \_\_\_\_\_
- d) Anticipated Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

**\* Note: Finalists will be required to submit an official transcript.**

2. Names and credit hours of courses in which you were/are enrolled:

Fall 2011	Spring 2012
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Please specify related work experience to date (can also include unrelated part-time jobs held during the school year):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Extra-curricular activities and scholastic honors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

5. Financial Information: Please indicate the percentages of your school expenses contributed by the following:

\_\_\_\_\_ Employment  
\_\_\_\_\_ Loans / Financial aid  
\_\_\_\_\_ Parents/other individuals  
\_\_\_\_\_ Scholarship/grants  
\_\_\_\_\_ Other (explain below)

\_\_\_\_\_

**EXPAND ON THE FOLLOWING (ATTACH ADDITIONAL PAGES IF NECESSARY)**

6. Why have you chosen the field of Accounting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What are your educational and professional goals and objectives?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe why you think you are eligible for this scholarship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

9. Describe any circumstances, other than those addressed above, which you feel should be considered when evaluating this application.

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NAME \_\_\_\_\_

**REFERENCES** (other than immediate family): Please indicate name, title (if applicable), relationship to applicant, address and phone number.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

I understand that the above references may be directly contacted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant