



*Preparing people to lead extraordinary lives*

## The Accounting and Business Law (ABL) Department Scholarship Application

This form should be used for applying for all ABL Department scholarships. Please check the scholarships for which you are applying and be sure to provide all the appropriate documentation. If you have any questions, contact Professor Brian Stanko at: **312.915.7106**; or e-mail: **bstanko@LUC.edu**.

- |  |   |
|--|---|
| <input type="checkbox"/> ABL Alumni Scholarship      | <input type="checkbox"/> Ernst and Young Scholarship            |
| <input type="checkbox"/> Martin Shanahan Scholarship | <input type="checkbox"/> John G. Tabor Jr. Memorial Scholarship |
| <input type="checkbox"/> Senior Scholar Award        | <input type="checkbox"/> Graduate Scholar Position              |

Please complete and return this form, along with supporting materials, to Eydie M. Appleton in the Accounting and Business Law Department, 1 E. Pearson, Room 514A (next to Room 514) by March 15.

### Part I. Please type.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Apt. City State Zip

Social Security Number: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Loyola Cumulative GPA: \_\_\_\_\_ Accounting GPA: \_\_\_\_\_

GMAT Score (MSA students): \_\_\_\_\_

**Part II. In the space provided below, list the accounting courses you have taken and the grade earned in each course.**

---



---



---

**Part III. In the spaces provided below, list the accounting courses you are currently taking.**

---



---



---

**Part IV. List your extracurricular activities, organizational memberships, special achievements and community services. Attach an additional page if necessary.**

---



---



---

**Part V. In a well-developed essay, please explain to the Scholarship Committee why you are interested in pursuing a career in the accounting profession. Please attach a separate sheet.**

**Part VI. Please attach a recent resume.**

**Thank you for your application. The Scholarship Committee will contact you by May 1, to inform you of their decision or to schedule an interview.**

**By signing this form, I attest to the fact that the information provided is truthful and factual. Any false or misleading information provided will result in revocation of any ABL Area financial aid given and the applicant will forfeit any future ABL Area financial aid.**

---

Date                      Applicant's Signature