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 <u>June 1st.</u> 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.

Eliqibility 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	K: MALE FEMALE PERMANEN	IT FLORIDA RESIDENT	□YES □NO
HOME PHONE NUMBER ()	CELL PHONE: (
UNDER WHICH OF THE FOLLOWING MINORI	TY DESIGNATIONS DO YOU QUALIFY (SEE	INSTRUCTIONS FOR D	EFINITION):
AFRICAN AMERICAN: HISPANIC: /	ASIAN AMERICAN: NATIVE AMERICAN	: AMERICAN WO	MAN:
	EDUCATIONAL DATA		
DEGREES (ATTACH OFFICIAL TRANSCRIPTS	5)		
RECEIVED/ANTICIPATED	AWARDED/EXPECTED UNI	IVERSITY/COLLEGE	
CUMULATIVE G.P.A ACCTG. AVE	_ HAVE YOU COMPLETED 120 SEMESTER		
Note: Students must have completed 120	HOURS?YESNO		
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?	
ARE YOU CURRENTLY ENROLLED? YES	NO ARE YOU A FULL TIME STUDENT?	□ YES □ NO	(MM/YYYY)
WHERE?			
Institution's Name	City	State	Zin Code

FINANCIAL DATA

	COVERED BY THIS SCHOLARSHIP APPLICATION:	R THE APPLICAN	NT AND SPOUSE (IF APPLICABLE) FOR THE 12
EARNED BY APP	LICANT & SPOUSE	\$	
EARNED BY OTH	IER PERSONS RESIDING IN HOUSEHOLD	\$	
RECEIVED FROM PARENTS (INCLUDING VALUE OF FOOD & LODGING IF LIVING WITH PARENTS)		\$	
RECEIVED FROM	I SCHOLARSHIPS AND GRANTS (LIST SOURCES YOU	ARE NOT REQU	JIRED TO PAY BACK IN ANY FORM):
SOURCE		\$	
SOURCE		\$	
	RECEIVED FROM OTHER SOURCES (INCLUDE LOA	N PROCEEDS, P	PLEASE SPECIFY)
	SOURCE		\$
	SOURCE		\$
	USE OF FUNDS	TOTAL	\$
	HOUSING		\$
	FOOD		\$
	TRANSPORTATION		\$
	TUITION, BOOKS, SUPPLIES		\$
	CHILD CARE		\$
	OTHER (PLEASE SPECIFY)		\$
		Т	OTAL\$
SOURCES AND	USE OF FUNDS MUST BE IN BALANCE; PROVIDE EXF	PLANATION FOR	R ANY DISCREPANCIES.
HAVE YOU	FILED AN APPLICATION FOR OTHER FINANCIAL AID?	YES	NO IF YES, ATTACH COPY.
	EMPLOYMENT	RECORD	
POSITION	EMPLOYER		DATES
	CAREER OBJE	CTIVES	
	(DESCRIBE IN DETAIL - ATTACH ADDITI	ONAL SHEETS I	F NECESSARY)
			

ent's last name Student's first name Middle Initial Suffix				(MM/YY	,
JURISDICTION?YES NO IF YES, ATTACH A SEPARATE STATEMENT GIVING FULL DETAILS. IHEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF I AM ELGIBLE 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 FOR THE LAWS OF THIS STATE AND NATION. SIGNATURE	IF NO, PLEASE EXPLAIN	:			
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(Name of Institution) TO RELEASE INFORMATION TO THE FLORIDA BOARD OF ACCOUNTANCY REGARDING THE COST OF ATTENDANC ENROLLMENT INFORMATION AND FINANCIAL INFORMATION. MUST BE COMPLETE BY THE INSTITUTION YOU ARE ENROLLED E COMPLETE BY REGISTRAR'S OFFICE: ent's last name Student's first name Middle Initial Suffix ent's street address City State Zip Code E OF BIRTH SEX: MALE FEMALE PERMANENT FLORIDA RESIDENT YES NO NIC ORIGIN: () WHITE, NOT OF HISPANIC ORIGIN () BLACK, NOT OF HISPANIC ORIGIN () HISPANIC () NONRESIDENT ALIEN (FOREIGN) () AMERICAN INDIAN OR ALASKAN () NONRESIDENT ALIEN (FOREIGN) () MAMERICAN INDIAN OR ALASKAN () NONRESIDENT ALIEN (FOREIGN) ERSITY VERIFICATION: ENROLLED FULL TIME ENROLLED PART TIME I ENROLLED PART TIME		SIGNATURE		DATE	
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E OF BIRTHSEX: MALE FEMALE PERMANENT FLORIDA RESIDENT □ YES □ NO NIC ORIGIN: () WHITE, NOT OF HISPANIC ORIGIN			TITUTION YOU	ARE ENR	OLLED
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() BLACK, NOT OF HISPANIC ORIGIN () HISPANIC () NONRESIDENT ALIEN (FOREIGN) () AMERICAN INDIAN OR ALASKAN () NONRESIDENT ALIEN (FOREIGN) /ERSITY VERIFICATION: □ ENROLLED FULL TIME □ ENROLLED PART TIME □ ACADEMICALLY IN GOOD STANDING □ NOT ACADEMICALLY IN GOOD STANDING	BE COMPLETE BY REGIST	RAR'S OFFICE: Student's first		liddle Initial	Suffix
☐ ENROLLED PART TIME ☐ ACADEMICALLY IN GOOD STANDING ☐ NOT ACADEMICALLY IN GOOD STANDING OFFICIAL	dent's last name dent's street address	RAR'S OFFICE: Student's first City SEX: MALE FEMALE	name M	liddle Initial State	Suffix Zip Code
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TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

Student's last name S	tudent's first name	Middle Initial	Suffix
Student's street address C	ity	State	Zip Code
DATE OF BIRTH SEX: MALE	FEMALE PERMANI	ENT FLORIDA RESIDENT C	IYES □ NO
COST OF ATTENDANCE: \$			
STUDENT RESOURCES: \$			
STUDENT NEED: \$			
HAS THE STUDENT PREVIOUSLY RECEIVED FU	NDS THROUGH THIS PROC	GRAM? () YES () NO	
IF YES, AMOUNT: \$			
IS THE STUDENT A BONA FIDE FLORIDA RESIDE	ENT? () YES () NO		
IN WHICH DEGREE PLAN IS THE STUDENT ENR	OLLED? () ACCTG. UNDE	ERGRAD. () ACCTG. GRA	.D.
STUDENT'S OVERALL GRADE POINT AVERAGE	ON A 4.0 SCALE:		
OVERALL GRADE POINT AVERAGE REQUIRED F	OR AN UNDERGRADUATE	DEGREE IN ACCOUNTING:	
OVERALL GRADE POINT AVERAGE REQUIRED F	OR A GRADUATE DEGREE	E IN ACCOUNTING:	
PERSON AND ADDRESS SCHOLARSHIP CHECK	S SHOULD BE MAILED TO:	CONTACT NAME	
	ADDRESS		
	ADDRESS		
	CITY, STATE ZI	P CODE	
SCHOLARSHIP CHECK WILL BE MADE PAYABLE	TO: INSTITUTION AND	STUDENT	
RETURN TO STUDENT OR MAIL TO:	FLORIDA BOARD (ATTN: MINORITY S 240 NW 76 TH DRIVE GAINESVILLE, FL 3	E, SUITE A	
FINANCIAL AID OFFICE CERTIFICATION I HEREBY CERTIFY THAT I HAVE APPLIED OR C. PROGRAM IN DETERMINING STUDENT ELIGIBIL ABOVE. I WILL MAINTAIN THE NECESSARY REC	ITY AND RECOMMENDING	THIS STUDENT FOR THE A	WARD INDICATED
-	INSTITUTION		
-	SIGNATURE OF PROGRAM	1 OFFICER DA	ATE

Rev 06/11