

CORPUS CHRISTI CHAPTER OF THE TEXAS SOCIETY OF CPAs SCHOLARSHIP PROGRAM GUIDELINES AND INSTRUCTIONS

The Corpus Christi Chapter of TSCPA (CCTSCPA) established a scholarship program whose purpose is to provide scholarship assistance to accounting students who plan to become Certified Public Accountants and enter the accounting profession. To be considered for a CCTSCPA scholarship, a student must:

- Be an undergraduate or graduate accounting major attending a university in the Corpus Christi Chapter area where classes are approved by the Texas State Board of Public Accountancy, OR a student at Del Mar College, with the intent of becoming a Certified Public Accountant and entering the accounting profession upon graduation.
- Accounting GPA of 3.0 or better
- **Submit the following to Corpus Christi Chapter/TSCPA, 3305 Northland Drive #406, Austin, Texas, 78731 by November 2, 2018.**
 - A typed letter explaining why you want to become a Texas CPA. This letter must not be longer than one page. must be double spaced and addressed to the Scholarship Committee, CCTSCPA.
 - A typed or neatly printed application.
 - Official cumulative college transcript(s) through the end of the spring 2018 semester to include credit hours earned from all colleges and universities and including cumulative GPA.

Scholarships of \$250 - \$1,500 will be awarded at the discretion of the Scholarship Committee based on applicant's qualifications. Checks will be made payable to the university for the benefit of the student and presented to the student in November 2018.

CCTSCPA and the Scholarship Committee reserve the right to refrain from awarding scholarships in the event applicants do not meet the desired qualifications.

Students receiving awards are expected to participate in chapter activities/events when possible.

Incomplete or late applications will not be considered.

THIS APPLICATION WILL BE FOR USE BY CCTSCPA ONLY, AND IS NOT TO BE TRANSFERRED TO ANY THIRD PARTIES, IN COMPLIANCE WITH TEXAS OPEN RECORDS LAW AND FEDERAL EDUCATION RIGHTS AND PRIVACY ACT OF 1974.

APPLICATION IS ALSO AVAILABLE ONLINE AT CORPUSCHRISTI.TSCPA.ORG

CORPUS CHRISTI CHAPTER OF THE TEXAS SOCIETY OF CPAs SCHOLARSHIP APPLICATION

(Please type or print in black ink.)

1. NAME: _____
Mr./Ms. FIRST LAST MIDDLE OR MAIDEN

2. CURRENT ADDRESS: _____
STREET ADDRESS OR P.O. BOX APARTMENT NUMBER

CITY STATE ZIP CODE TELEPHONE NUMBER E-MAIL ADDRESS

3. PERMANENT ADDRESS (IF DIFFERENT)

STREET ADDRESS OR P.O. BOX APARTMENT NUMBER

CITY STATE ZIP CODE TELEPHONE NUMBER E-MAIL ADDRESS

4. DATE OF BIRTH: _____ How did you hear about this Scholarship? _____
MONTH/DAY/YEAR

EDUCATIONAL INFORMATION

5. UNIVERSITY/COLLEGE _____

6. CLASSIFICATION AS OF END OF SPRING 2018 SEMESTER:

☐ DEL MAR STUDENT ☐ UNIVERSITY UNDERGRADUATE STUDENT ☐ GRADUATE STUDENT

7. TOTAL CREDIT HOURS EARNED THROUGH SPRING SEMESTER 2018: _____ CUMULATIVE G.P.A. _____

ACCOUNTING G.P.A. _____

8. TOTAL CREDIT HOURS (INCLUDING ALL SUBJECTS) FOR WHICH YOU ARE OR WILL BE ENROLLED DURING THE FOLLOWING SEMESTERS: FALL 2018: _____ SPRING 2019: _____ SUMMER 2019: _____

9. DEGREE(S) SOUGHT: _____

EXPECTED GRADUATION DATE: _____

DEGREE(S) EARNED: _____ DATE: _____

EDUCATIONAL INFORMATION (CONT.)

10. LIST ADDITIONAL ACCOUNTING AND BUSINESS COURSES PLANNED FOR THE FALL SEMESTER 2018.

COURSE NAME (DO NOT LIST CATALOG NUMBERS)

CREDIT HOURS

NUMBER OF ACCREDITED ACCOUNTING HOURS BY DEGREE TIME:

11. ATTACH OFFICIAL TRANSCRIPTS FROM ALL COLLEGES AND UNIVERSITIES ATTENDED.

12. LIST PRINCIPAL EXTRACURRICULAR ACTIVITIES, ORGANIZATIONS (INDICATE WHETHER SOCIAL, ACADEMIC OR SERVICE), COLLEGE HONORS, LEADERSHIP POSITIONS. ATTACH RESUME OR ADDITIONAL SHEET IF NECESSARY.

EMPLOYMENT HISTORY

13. GIVE EMPLOYMENT HISTORY. LIST FULL-TIME AND PART-TIME JOBS, INCLUDING INTERNSHIPS. LIST MOST RECENT JOB FIRST. ATTACH SECOND SHEET IF NECESSARY.

EMPLOYER: _____ SUPERVISOR: _____

COMPANY ADDRESS: _____ TELEPHONE: _____

NATURE OF WORK: _____ EMPLOYED FROM: _____ TO _____

EMPLOYER: _____ SUPERVISOR: _____

COMPANY ADDRESS: _____ TELEPHONE: _____

NATURE OF WORK: _____ EMPLOYED FROM: _____ TO _____

EMPLOYER: _____ SUPERVISOR: _____

COMPANY ADDRESS: _____ TELEPHONE: _____

NATURE OF WORK: _____ EMPLOYED FROM: _____ TO _____

BY MY SIGNATURE ON THIS APPLICATION AND ACCOMPANYING LETTER, I HEREBY STATE THAT I MEET ALL OF THE REQUIREMENTS FOR SCHOLARSHIP RECIPIENTS LISTED ON PAGE ONE OF THIS APPLICATION, AND THAT ALL INFORMATION GIVEN IS CORRECT AND COMPLETE. I GIVE CCTSCPA AUTHORITY TO CONTACT ANY INSTITUTION, COMPANY OR INDIVIDUAL I HAVE NAMED TO CONFIRM THAT THE FACTS STATED ARE ACCURATE, OR FOR PURPOSES OF GENERAL REFERENCE. I ALSO GRANT CCTSCPA THE AUTHORITY TO RUN A BACKGROUND CHECK IF I AM SELECTED AS A FINALIST TO ENSURE THAT I AM ELIGIBLE TO BECOME A LICENSED TEXAS CPA. IF I AM SELECTED AS A RECIPIENT OF A CCTSCPA SCHOLARSHIP, I HEREBY GRANT PERMISSION TO CCTSCPA TO PUBLICIZE MY SELECTION.

SIGNATURE OF APPLICANT _____ DATE _____
