

THE NORTH CAROLINA SOCIETY OF ACCOUNTANTS
SCHOLARSHIP FOUNDATION

3240 Shamrock Drive
Fayetteville, NC 28303
(910) 867-9427
mwheeler14@nc.rr.com

Dear Applicant:

You have chosen to apply for a scholarship award that is offered by the **North Carolina Society of Accountants Scholarship Foundation**. This Foundation was established in 1970 to provide scholarships for deserving students who indicated a desire to enter the profession of **Accounting**.

Please complete the enclosed application (**in full**) and supply us with all the supporting documentation listed below.

The eligibility requirements for these awards are as follows:

1. Must be a resident of North Carolina.
2. Must enroll in an accredited school of higher education in North Carolina.
3. Must enroll in an accounting degree program with six (6) or more credit hours per semester. (a two or four year degree program, not Master's Degree)
4. Must show a firm intention to continue into the field of **Accounting**.

Along with the application you will need to enclose the following supporting data:

1. A recent photograph, no bigger than 5 x 7 and **suitable for display**.
2. Two (2) letters of reference (non-family).
3. A letter of intent (tell us why you want to enter or continue in accounting).
4. Your most recent transcript of grades (If you have not attended a school in the past ten years, you may omit this).
5. If you are a dependent of your parents, please enclose a copy of their Federal Income Tax Return for the tax year 2016 (page 1, page 2 and all schedules).
6. If you are not a dependent of your parents, please enclose a copy of your tax return for 2016.
7. If you are an employee of an Accountant, please enclose a letter from your employer, stating their support of your intent to continue your education in accounting.

APPLICATIONS ARE DUE BY APRIL 15, 2017. Incomplete applications will not be reviewed.

The Board of Trustees will meet in May, 2017, to choose the scholarship recipients. Scholarship winners will be notified by June 30, 2017. **Only winners will be contacted.**

Please mail the completed application to the above address.

Sincerely,

Marsha Wheeler
Administrator, Scholarship Foundation

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APPLICATION

NAME _____
Last First Middle

HOME ADDRESS _____
Street (P O Box) City, State, Zip

TELEPHONE () _____ EMAIL _____
Home or Cell

DATE OF BIRTH _____ SOCIAL SECURITY # _____

MARITAL STATUS ()Single ()Married ()Separated ()Divorced ()Widowed
NUMBER OF CHILDREN (If Any) _____ AGES _____

ARE YOU A MEMBER OF NCSA? ()Yes ()No TYPE OF MEMBERSHIP _____

APPLICANT'S
EMPLOYER _____ OCCUPATION _____
EMPLOYER'S
ADDRESS _____
EMPLOYER'S
TELEPHONE _____

SPOUSE'S NAME _____ OCCUPATION _____
SPOUSE'S
EMPLOYER _____
EMPLOYER'S
ADDRESS _____

EDUCATIONAL INSTITUTION YOU EXPECT TO ATTEND

NAME _____ TELEPHONE () _____

CITY, STATE, ZIP _____

HAVE YOU APPLIED FOR ADMISSION ()YES ()NO ACCEPTED ()YES ()NO
DATE CLASSES BEGIN _____

ARE YOU ENROLLING IN AN ACCOUNTING DEGREE PROGRAM WITH SIX (6) OR
MORE CREDIT HOURS PER SEMESTER? ()YES ()NO

IF YOU ARE CURRENTLY ATTENDING A COLLEGE, LIST THE CLASSES AND
CREDIT HOURS YOU HAVE COMPLETED.

Classes	Hours
_____	_____
_____	_____

Use additional sheet if necessary

PLEASE COMPLETE PAGE 2

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FINANCIAL INFORMATION

Applicant's Annual Gross Income _____
Spouse's Annual Gross Income _____

- Do You: Own a Home
 Rent
 Live with Relative
 Live on Campus
 Receive Public Assistance

Have You:

- Applied for any other scholarships? If so, list names and amounts.

_____ Awarded
_____ Awarded
_____ Awarded

- Ever applied for a NCSA Scholarship in the past?

- Been awarded a NCSA Scholarship in the past? If so, when and amount? _____

Are You:

- A relative of a NCSA member. If so, state relationship and member's name.

- An employee of a NCSA member? If so, list member's name and address.

Number of family members in household currently attending a vocational school, college or university _____

How did you become aware of this scholarship? _____

Be sure all information on application is complete. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Applications and photos are not returnable and become the property of the Foundation. Information is not shared with any other organization.

I affirm that all statements made in this application are true to the best of my knowledge.

Signature of Applicant

Date