Minnesota Association of Public Accountants
1000 Westgate Drive, Suite 252
St. Paul, MN 55114
651-290-6289

Scholarship Application Instructions

2013-2014 Academic Year

The Minnesota Association of Public Accountants (MAPA) is a professional organization of accountants in public practice who provide accounting and financial statement services for individuals and small business firms. Certified and non-certified accountants are encouraged to apply for membership. The purpose of the Association is to further the knowledge of the practitioner and offer a source of current information and interplay of ideas among professionals.

Amount of Scholarship:

- Amount varies, but is generally $750, and is based on the number of qualified applicants.

Who Can Apply:

- Undergraduate students entering their junior, senior or fifth year and enrolled in a degree program at an accredited 4-year college or university, majoring in accounting with the intention to practice in the field of public accounting, and have at least a 2.5 or better grade point average.
- Applicants must be U.S. citizens attending a U.S. accredited school and be a Minnesota resident.

When to Apply:

- No later than **April 15, 2013**. See "General Information" for details.

How to Apply:

Applications and forms may be duplicated for distribution purposes; however, completed applications, letters of recommendation from advisor or professor, and official transcripts cannot be submitted by fax or e-mail. In order to receive consideration, applications must be:

- Accompanied by official transcripts from each school attended. Only official transcripts bearing the seal or registrar's signature of the issuing institution will be accepted. Official transcripts may be submitted by the student with the application or submitted directly to MAPA by the issuing institution.
- Submitted with all necessary documentation (official transcripts, letter of recommendation), in original form, to be received no later than **April 15, 2013**.

General Information:

- Complete each of the listed questions on this application to the best of your ability. If a question is not applicable to you, please indicate why it is not. Failure to answer any of the questions may constitute a basis for elimination of this application for consideration.
- Send completed application to MAPA, 1000 Westgate Drive, Suite 252, St. Paul, MN 55114.
- All scholarship candidates will be notified of the selection in May.

Important: Application Acceptance Policy

- Applicants and supporting documentation (letter of recommendation and official transcripts) must be signed, dated, and submitted in their original form (*no faxes*) to MAPA to be received no later than the **April 15** deadline.
- Supporting documentations should be carefully attached to the back of the application and the whole package stapled to prevent separation.
- If supporting documents are submitted separate from the application, they must be received by MAPA no later than the **April 15** deadline.
- It is the candidate's responsibility to ensure supporting documents have been sent to MAPA and are received by the **April 15** deadline.
- MAPA reserves the right to eliminate from consideration unsigned applications or applications otherwise incomplete, including applications without supporting documentations, without further notice to the applicant.

Scholarship Application

2013-2014 ACADEMIC YEAR

IMPORTANT INSTRUCTIONS:

- ♦ Every question must be answered. If your response is "not applicable," then you must indicate why it is not.
- ♦ Sign the back page of this application.
- ♦ Review attachment checklist on back page to ensure a complete application.

RETURN COMPLETED FORM TO:
Minnesota Association of Public Accountants
1000 Westgate Drive, Suite 252
St. Paul, MN 55114
651-290-6289

SECTION I

Name: _____

Date of Birth _____

Email Address: _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SECTION II

1. FATHER: Name _____ Occupation _____
   Address: _____
   MOTHER: Name _____ Occupation _____
   Address: _____
2. SPOUSE: Name _____ Occupation _____
   Address: _____
   Number of children: _____ Age(s) of child(ren) _____
   (This information is for guidance purposes only.)
3. Estimated annual school expenses (outline specifically):
   Tuition: _____ Books: _____
   Rent, utilities: _____ Food: _____
   Transportation: _____ Medical expenses: _____
   Clothing: _____ Miscellaneous: _____
   TOTAL EXPENSES $ _____
4. Sources of funds available for use during this school year:
   Personal income from employment _____
   Loans _____
   Grants and scholarships (explain in detail) _____
   Family contribution (allowances, etc.) _____
   Interest on savings accounts, dividends on stocks, income from trust fund(s) _____
   Other funds (gifts, etc.) _____
   TOTAL FUNDS AVAILABLE $ _____

   If working, type of position and number of hours: _____

   Describe any circumstances other than already included in this application that should be known and considered by MAPA in evaluating this application: _____

   _____

   _____

   _____

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5. Educational institution in which you are presently enrolled:
   Name of school: _____
   Address: _____ City: _____State:_____Zip: _____
   Present class (check two): ☐ Junior or ☐ Senior or ☐ Fifth year ☐ Full-time or ☐ Part-time
   Anticipated date of graduation: _____

6. Do you intend to continue your education at this institution? ☐ Yes ☐ No
   If no, name of school you will attend: _____
   Mailing address: _____
   _____

7. What is your declared major? _____
   What is your declared minor (if any)? _____

Other Colleges or Universities Attended	Major Field	Overall Average in Accounting	Degree Earned	Year of Graduation

SECTION III

1. Do you plan to enter the field of public accounting? ☐ Yes ☐ No
2. Are you familiar with MAPA? ☐ Yes ☐ No
3. Are you aware of their goals and standards? ☐ Yes ☐ No
4. Would you consider a position with a member of MAPA? ☐ Yes ☐ No
5. Do you know an accountant who is a MAPA member? ☐ Yes ☐ No
   If yes, please list his/her name and address: _____
   _____
7. Describe extracurricular college/community activities. (If none, please explain.) _____
   _____
8. List campus or other organizations, societies, in which you hold membership: _____
   _____
   _____
9. References (other than relatives) list name, address, and occupation of each
   Name Address Occupation
   1. _____
   2. _____
   3. _____
10. Are you a Minnesota resident? ☐ Yes ☐ No
11. Are you a citizen of the United States or Canada? ☐ Yes ☐ No
12. How did you learn about this scholarship? _____

APPLICANT MUST SIGN HERE

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

Signature _____ Date _____

Applications received after April 15, 2013, will NOT be considered.

CHECKLIST-- Please be sure you have completed all sections and included the following attachments.
All attachments MUST be received by the **April 15** deadline.
1-Official College Transcript from each college attended: ☐ Attached ..... ☐ Forthcoming
2-Letter of Recommendation from advisor or professor: ☐ Attached ..... ☐ Forthcoming