

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

The Corpus Christi Chapter of TXCPA (TXCPA CC) 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 TXCPA CC 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: <u>Misty Mata, CPA, Jennings Hawley & Co PC, 500 N. Shoreline</u>
  <u>Blvd., Suite 1010, Corpus Christi, Texas, 78401-0352 by October 30, 2020.</u>
  - 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, TXCPA CC.
  - o A typed or neatly printed application.
  - Official cumulative college transcript(s) through the end of the spring 2020 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 2019.

TXCPA CC 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 TXCPA CC 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 TSCPA.org/corpuschristi



## 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 ADDRE   | ESS:            |                 |                            |   |
|    |                 | STREET ADDR     | ESS OR P.O. BOX |                            | APARTMENT NUMBER                        |
|    |                 |                 |                 |                            |   |
|    | CITY            | STATE           | ZIP CODE        | TELEPHONE NUMBER           | E-MAIL ADDRESS                          |
| 3. | PERMANENT ADI   | ORESS (IF DIE   | FFERENT)        |                            |   |
|    | STREE'          | T ADDRESS OR P. |                 |                            | APARTMENT NUMBER                        |
|    |                 |                 |                 |                            |   |
|    | CITY            | STATE           | ZIP CODE        | TELEPHONE NUMBER           | E-MAIL ADDRESS                          |
| 4. | DATE OF BIRTH:  |                 | How di          | d you hear about this Scho | olarship?                               |
|    | мо              | ONTH/DAY/YEA    | .R              |                            |   |
|    |                 |                 |                 |                            |   |
| E  | DUCATIONA       | L INFORM        | IATION          |                            |   |
| 5. | UNIVERSITY/CO   | LLEGE           |                 |                            |   |
| 6. | CLASSIFICATION  |                 |                 |                            |   |
|    | □ DEL MAR STUI  | DENT UN         | NIVERSITY UN    | DERGRADUATE STUDEN         | IT GRADUATE STUDENT                     |
| 7. | TOTAL CREDIT H  | OURS EARNI      | ED THROUGH      | SPRING SEMESTER 2020       | ):                                      |
|    | CUMULATIV       | E G.P.A         |                 | ACCOUNTING G.P.            | A                                       |
| 8. | TOTAL CREDIT H  | OURS (INCLU     | JDING ALL SU    | BJECTS) FOR WHICH YO       | U <u>ARE</u> OR <u>WILL BE</u> ENROLLED |
| D  | URING THESE SEM | MESTERS: FA     | LL 2020:        | SPRING 2021:               | SUMMER 2021:                            |
| 9. | DEGREE(S) SOUG  | HT:             |                 |                            |   |
| ΕΣ | XPECTED GRADUA  | TION DATE:      |                 |                            |   |
| D. |                 |                 |                 |                            | DATE.                                   |



| PAGE 2   | STUDENT'S NAME:  |  |  |  |  |
|--|--|--|--|--|--|
| EDUCATIONAL INFORMATION (CONT.)  |  |  |  |  |  |
| 10. LIST ADDITIONAL ACCOUNTING AND BUSINESS COURSES PLANNED FOR THE SPRING SEMESTER 2021.  |  |  |  |  |  |
| COURSE NAME (DO NOT LIST CATALOG NU  | MBERS) CREDIT HOURS  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| NUMBER OF ACCREDITED ACCOUNTING  | HOURS BY DEGREE TIME:  |  |  |  |  |
| SCHOLARSHIP COMMITTEE. THE SELECT<br>APPLICATION UNLESS AN OFFICIAL TRANSC<br>HAS ATTENDED MORE THAN ONE UNIVERS<br>SHOULD SHOW GRADES AND CREDIT RECE | FFICIAL TRANSCRIPT TO THE TXCPA AUSTING COMMITTEE WILL NOT CONSIDER AND RIPT HAS BEEN RECEIVED. IF THE APPLICANT OF THE CUMULATIVE COLLEGE TRANSCRIPT IVED FROM ALL PREVIOUS SCHOOLS. IF SUCH RECORD, THEN A SEPARATE TRANSCRIPT (OF |  |  |  |  |
| TRANSCRIPTS) WLL BE REQUIRED.  | (  |  |  |  |  |
| 12. LIST PRINCIPAL EXTRACURRICULAR ACTIVITI ACADEMIC OR SERVICE), COLLEGE HONORS, LEA ADDITIONAL SHEET IF NECESSARY.                                   | ES, ORGANIZATIONS (INDICATE WHETHER SOCIAL, DERSHIP POSITIONS. ATTACH RESUME OR  |  |  |  |  |
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| PAGE | 3 |
|------|---|
| TIME |   |

| STUDENT'S NAME: |  |
|-----------------|--|
|                 |  |

## **EMPLOYMENT HISTORY**

| SIGNATURE OF APPLICANT   | DATE                            |                   |  |  |  |  |
|--|---------------------------------|-------------------|--|--|--|--|
| 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 TXCPA CC 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 TXCPA CC 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 TXCPA CC SCHOLARSHIP, I HEREBY GRANT PERMISSION TO TXCPA CC TO PUBLICIZE MY SELECTION. |                                 |                   |  |  |  |  |
| NATURE OF WORK:  | EMPLOYED FROM:                  | TO                |  |  |  |  |
| COMPANY ADDRESS:   | TELEPHONE:                      |                   |  |  |  |  |
| EMPLOYER:  | SUPERVISOR:                     |                   |  |  |  |  |
|  | EMPLOYED FROM:                  |                   |  |  |  |  |
| COMPANY ADDRESS:   | TELEPHONE:                      |                   |  |  |  |  |
| EMPLOYER:  | SUPERVISOR:                     |                   |  |  |  |  |
|  | EMPLOYED FROM:                  |                   |  |  |  |  |
| COMPANY ADDRESS:   | TELEPHONE:                      |                   |  |  |  |  |
| EMPLOYER:  | SUPERVISOR:                     |                   |  |  |  |  |
| •  | CACH SECOND SHEET IF NECESSARY. | JING INTERNSHIPS. |  |  |  |  |