



TXCPA Dallas
12400 Coit Road, Suite 750
Dallas, Texas 75251
Telephone: (972) 960-8311
www.txcpadallas.cpa

TXCPA Dallas Scholarship Program

Honoring Philip Vogel

Guidelines and Instructions

TXCPA Dallas promotes accounting as a career choice. An important component of this mission is to provide financial support to senior and graduate accounting students at local universities who plan to become active CPAs in the Dallas chapter area¹.

In 1988 the Dallas CPA Society (now TXCPA Dallas) and Philip Vogel & Company PC (now Carr Riggs & Ingram) established the Dallas CPA Society Scholarship Fund in memory of the Vogel firm's founder and chairman. At the time of his death, Phil was President-elect of the Dallas CPA Society and would have served as President in 1989-90. The Dallas CPA Society Scholarship Program is now the TXCPA Dallas Scholarship Program, but it is still an expression of our deep appreciation for the many contributions of Philip Vogel.

Over the last 22 years, 147 outstanding students have been selected by the TXCPA Dallas Scholarship Committee to receive over \$260,000 in scholarships. This program is made possible by the generous donations of hundreds of our members over the years.

To be considered for a scholarship, a student must:

- Attend one of the following Dallas area colleges or universities: Southern Methodist University, Texas A & M-Commerce, University of North Texas or the University of Texas at Dallas.
- Be a U.S. citizen.
- In fall of 2023, be a senior accounting major or a graduate student in accounting, with a minimum of 15 accounting credit hours through Fall 2022. Applicants may be full-time or part-time students.
- Applicants must have the intent of becoming a Certified Public Accountant and entering the accounting profession upon graduation.
- Have a minimum accounting GPA of 3.5.

Submit the following to the Scholarship Committee, TXCPA Dallas, 12400 Coit Road, Suite 750, Dallas, TX 75251 to be received by 4:00 p.m. on June 2, 2023:

- A typed or neatly printed application, signed by the chairperson of the university's accounting department.
- Electronic copy of application, emailed to scholarship@txcpadallas.cpa
- An up-to-date resume or CV
- A letter addressed to the Scholarship Committee, TXCPA Dallas, explaining your need for the scholarship, why you want to become a CPA and your plans after graduation.
- Official cumulative college transcript(s) through the end of the Fall 2022 semester, to include credit hours earned from all colleges/universities and cumulative GPA. A separate official transcript must be provided for each school attended.
- Spring 2023 grades (unofficial University grade report or official University transcript acceptable).

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

This application will be for use by TXCPA Dallas 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.

If you would like to receive more information on joining TXCPA Dallas as a student member, please check here: ☐

¹ The TXCPA Dallas area includes the following counties: Collin, Cooke, Dallas, Delta, Denton, Ellis, Fannin, Grayson, Hopkins, Hunt, Kaufman, Lamar, Navarro, Rockwall

TXCPA Dallas Scholarship Program

(Please type or print in black ink.)

1. Name: _____
Last First Middle or Maiden

2. Are you a U.S. citizen? ☐ Yes ☐ No 3. Email Address: _____

4. Current Address: _____
Street Address or P.O. Box Apartment Number

City State Zip Code Telephone Number

5. Permanent Address (if different): _____
Street Address or P.O. Box Apartment Number

City State Zip Code Telephone Number

Educational Information

8. University: _____

9. Classification as of End of Spring 2023 Semester (Check One): ☐ Senior ☐ Graduate Student

10. Attach official transcripts through Fall 2022 from all colleges/universities attended and unofficial transcript or university grade report for Spring Semester 2023.

11. Degree(s) Sought: _____

Expected Graduation Date: _____

Degree(s) Earned: _____ Date(s): _____

12. Total Credit Hours Earned Through Fall Semester 2022: _____

Cumulative Accounting G.P.A. (Fall 2022): _____

Total Credit Hours Earned During Spring Semester 2023: _____

Spring 2023 Accounting G.P.A.: _____

13. List accounting courses completed (through Spring 2023) and grades received, in the order taken:

| Course Name | Course Number | Grade | Credit Hours | Grade Points |
|------------------------|---------------|-------|--------------|--------------|
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| Total accounting hours | | | | |
| Accounting GPA | | | | |

14. Total credit hours (including all subjects) for which you have been or will be enrolled during the following semesters:

Summer 2022: _____ Fall 2022: _____ Spring 2023: _____ Summer 2023: _____

15. List additional accounting courses planned (undergraduate and graduate), including the school you plan to attend and planned timing of completion:

| Course name | Course Number | Credit Hours | School | Semester |
|--|---------------|--------------|--------|----------|
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| Total hours planned | | | | |
| Plus: hours already completed (from above) | | | | |
| Number of accredited accounting hours at degree time | | | | |

16. List principal extracurricular activities, organizations (indicate whether social, academic or service), college honors and leadership positions. Attach additional sheet if necessary.

Employment

17. Expected income, Summer 2023 through Spring semester 2024: \$ _____

18. Give employment history. (List full-time and part-time jobs, including internships, beginning with most recent job. Attach additional sheet if necessary.)

Employer: _____ Supervisor: _____

Company Address: _____ Telephone: _____

Dates Employed: From _____ to _____ Email Address: _____

Nature of Work: _____

Employer: _____ Supervisor: _____

Company Address: _____ Telephone: _____

Dates Employed: From _____ to _____ Email Address: _____

Nature of Work: _____

Employer: _____ Supervisor: _____

Company Address: _____ Telephone: _____

Dates Employed: From _____ to _____ Email Address: _____

Nature of Work: _____

Employer: _____ Supervisor: _____

Company Address: _____ Telephone: _____

Dates Employed: From _____ to _____ Email Address: _____

Nature of Work: _____

19. List all current and previous college scholarships awarded (if any) with most recent listed first.

20. List outstanding student loans, if any:

[illegible]

References

24. Please list three references we may contact, giving full name, occupation, complete mailing address and a telephone number where they may be reached during office hours. (Do not list relatives, students or more than two instructors.) Please include one but not more than two professors.

| | | | |
|------|---|---------------------------------|--------------------------|
| (1.) | _____ | | |
| | Name | Relationship to Applicant | Daytime Telephone Number |
| | _____ | | |
| | Occupation | Name of Company (If Applicable) | |
| | _____ | | |
| | Complete Mailing Address of Reference or Firm | | Email |
| | _____ | | |
| (2.) | _____ | | |
| | Name | Relationship to Applicant | Daytime Telephone Number |
| | _____ | | |
| | Occupation | Name of Company (If Applicable) | |
| | _____ | | |
| | Complete Mailing Address of Reference or Firm | | Email |
| | _____ | | |
| (3.) | _____ | | |
| | Name | Relationship to Applicant | Daytime Telephone Number |
| | _____ | | |
| | Occupation | Name of Company (If Applicable) | |
| | _____ | | |
| | Complete Mailing Address of Reference or Firm | | Email |
| | _____ | | |

Discussion

25. Write a paragraph on how you plan to be involved in TXCPA Dallas after graduation. Attach additional sheet if necessary.

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By my signatures 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 Dallas 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. If I am selected as a recipient of a TXCPA Dallas Scholarship, I hereby grant permission to TXCPA Dallas to publicize my selection. I also understand that if I am awarded a scholarship, I may be required to provide my Social Security number for possible tax reporting purposes.

Signature of Applicant _____ Date _____

As chairman of the department of accounting (or comparable title), I hereby nominate this student for a TXCPA Dallas Scholarship, and acknowledge that this student is currently enrolled and in good standing:

Name _____ Signature _____ Date _____

Title _____ University _____

Email _____ Telephone _____