DATE: March 21, 2017

TO: Declared Undergraduate Accounting Majors

FROM: Department of Accounting and Accounting Advisory Board

SUBJECT: SPRING 2017 DEPARTMENT OF ACCOUNTING SCHOLARSHIP AWARDS

The Department of Accounting, the Accounting Advisory Board, and other organizations and individuals are once again sponsoring awards and scholarships which will be presented at this semester’s Awards Banquet on Thursday, May 4, 2017. Please review the attached list of awards and the criteria indicated. If selected, you MUST be present at the Awards banquet ceremony in order to receive your award.

INSTRUCTIONS

Please make sure you meet the following criteria before you complete the attached application.

1. To be eligible for an award, you must be a declared Accounting student (not pre-business).

2. You must have completed at least 75 units (of which 15 were earned at CSU, Fullerton) with an Overall and Accounting GPA of 3.0 or better.

3. You must have completed ACCT 301A and at least 3 units of any other 300 or 400 level Accounting course.

4. A new application must be submitted each semester.

5. Previous awardees may apply for a scholarship.

6. The scholarship application should be typed or printed legibly.

7. The deadline to submit an application is Tuesday, April 11, 2017 at 5:00 p.m.

8. The application must be returned to the Department of Accounting, SGMH-4313 for the Student Affairs Committee to review.

9. Award recipients MUST be present at the Awards Banquet unless they have made prior arrangements with the Department.

10. All applications MUST be accompanied by a copy of your current student transcript (an unofficial transcript is acceptable).

ALL INFORMATION WILL BE TREATED IN STRICT CONFIDENCE.

NOT ANSWERING ALL QUESTIONS MAY DISQUALIFY YOU.

Important: Be sure to DATE and SIGN the Applicant’s Statement.
Note: The deadline for submitting applications is Tuesday, April 11, 2017 at 5:00 p.m. to SGMH-4313.

NAME: ______________________________________________________________________________________
(Last) (First) (M.)

ADDRESS: ______________________________________________________________________________________
(Street)
(City) (State) (Zip Code)

CWID #: ______________________________ CELL PHONE # ______________________________

EMAIL: ______________________________ Expected Graduation: ______________________________

Circle Grade: Sophomore / Junior / Senior

Provide information below for each accounting course you have completed or are currently enrolled at CSUF.

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<tr>
<th>COURSE</th>
<th>GRADE</th>
<th>CSUF INSTRUCTOR</th>
<th>SEMESTER/YEAR</th>
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Have you already accepted an offer from a CPA Firm? YES [ ] NO [ ]

If yes, please provide the name of the CPA Firm: ______________________________

Are you currently an intern at a CPA Firm? YES [ ] NO [ ]

If yes, please provide the name of the CPA Firm: ______________________________

Previous CSUF Accounting Awards received:

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<th>Name of Award(s)</th>
<th>Semester Received</th>
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ADDITIONAL INFORMATION

A. WORK OR INTERNSHIP EXPERIENCE (attach an additional sheet if necessary)

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B. CAREER GOAL(s) (Please provide a brief statement of your career goals.)

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C. CPA REVIEW COURSE AWARDS

When do you plan to take the CPA exam?  Month: ___________ Year: ___________

Do you wish to be considered for a CPA Review Course Award?  YES____ NO_____

Note: This is not a monetary award.
OTHER INFORMATION

Please indicate any other information related to your program or activities at CSUF that you believe will be helpful to the Student Affairs Committee in evaluating your application. This information may include, but is not limited to, service activities, membership and participation in student organizations and volunteer work. *It would be helpful to the committee if you could provide a current resume with this application.*

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APPLICANT’S STATEMENT

I hereby declare that the information submitted in the above application is complete and correct, and I agree to inform the chair of the Department of Accounting and the Student Affairs Committee of any change in my circumstances and/or my academic standing.

I also authorize the chair of the Department of Accounting and the Student Affairs Committee to have complete access to my student file for the purpose of verifying any of the above information.

____________________________  ______________________
Student Signature                  Date