

**MOCPA AND GLEIM CPA EXAM REVIEW SCHOLARSHIP APPLICATION
2018-2019**

1.	Last Name: _____	First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____	
3.	Daytime Telephone Number: (____) _____ - _____ Email Address: _____	
4.	Date of Birth: _____ xx/xx/xxxx (Month/Day/Year) Gender: _____	
5.	How would you describe yourself? <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
6.	Name, location, and degree program of college/university currently attending or graduated from: College/University: _____ Location: _____ Degree: _____	
7.	Graduation or anticipated graduation date: _____	
8.	Cumulative University Grade Point Average (GPA): _____ (On a 4.0 scale) NOTE: If you are selected for this program, you may be asked to submit a copy of your college transcripts.	
9.	Are you the first in your immediate family to hold a degree from a college or university: <input type="checkbox"/> YES <input type="checkbox"/> NO	
10.	Are you currently employed or have committed to a job offer: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," what firm or business are/will you be working for: _____	
11.	Home Address (if different than mailing address in Question 2): Street: _____ City: _____ State: _____ Zip: _____ Primary Phone: (____) _____ - _____	

STATEMENT OF ACCURACY FOR APPLICANTS

I understand that:

All the stated application information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

If chosen as a scholarship recipient, according to the selection criteria, I must attend a two-hour live or virtual program orientation to receive my scholarship award.

If chosen as a scholarship recipient, according to the selection criteria, I agree to release my individual CPA exam performance data from NASBA to MOCPA and Gleim, for purposes of program tracking and reporting.

I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Scholarship applicant initials: _____ **Date:** _____

<p>Checklist</p> <p><input type="checkbox"/> Application Form</p> <p><input type="checkbox"/> Personal Statement – 200 Words or Less</p> <p><input type="checkbox"/> Nominator Signature/statement of support and qualifications</p> <p style="text-align: center;">Please email the application to agrow@mocpa.org</p>
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Scholarship Application Deadline Reminder

Testing Window	Q3 2018	Q4 2018	Q1 2019	Q2 2019
Dates	July 1 – Sept. 10	Oct. 1 – Dec. 10	Jan. 1 – March 10	April 1 - June 10
Application Deadline	Friday, May 18, by 4:00PM	Friday, Aug. 17, by 4:00PM	Friday, Nov. 16, by 4:00PM	Friday, March 2, by 4:00PM