

# NATIONAL SOCIETY OF ACCOUNTANTS SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

**Application postmark deadline March 10**

**FOR SCHOLARSHIP AMERICA USE ONLY**

I.D. #	AA	PD	GPA	TOTAL	District Number

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Please indicate your status. (For statistical purposes only)     Male     Female  
 Are you a citizen of the United States or Canadian?     Yes     No

**PARENT OR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
**Use official school names. Do not use abbreviations.**  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 4 yr. College or University     2 yr. Community or Junior College     Other, explain \_\_\_\_\_  
 Year in school **next** year:    2    3    4    Enrollment Status:     Part-time     Full-time  
 Major or course of study: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Degree sought:     Bachelor     Associate     Other \_\_\_\_\_  
 Student will:     live on campus     live off campus     commute from home  
 If school choice is a public institution, applicant will pay:     in-state resident tuition     out-of-state tuition

**NSA MEMBER INFORMATION (REQUIRED if applicant is applying for the Stearman Award)**

Please provide information on the NSA member to whom you are related.     Current Active/Retired Member     Deceased Member  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Membership Number \_\_\_\_\_ Applicant's relationship to NSA member \_\_\_\_\_

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**FINANCIAL DATA (REQUIRED)**

**Instructions for this section are provided in the guidelines.**

The applicant's parent(s) or guardian(s) (or applicant if independent) must complete this portion of the application. This data will be used to determine the award amount should the applicant be selected as a recipient. Adjusted gross income and total federal income tax amounts should be from parents' (or applicant's) most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- I am a dependent student. The data below represents my parents' finances.
- I am an independent student. The data below represents my finances.

- |  |   |
|--|---|
| <p>1. State of Residence ..... _____</p> <p>2. Adjusted Gross Income (FORM 1040) ..... \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) ..... \$ _____<br/>(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father/Applicant ..... \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother/Spouse (if any) ..... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits:<br/>Please indicate source –<br/><input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support<br/><input type="checkbox"/> Other ..... \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) ..... \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of parent/guardian (or applicant if independent):<br/><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Total number of family members attending college at least half-time during this school year, including applicant .....# _____</p> |
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**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which course was taken. Faxed transcripts and grade reports are not acceptable.

**Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended.

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale) (From all post-secondary schools attended)  
Faxed transcripts are not acceptable.

All materials, including transcript, must be addressed to:

**National Society of Accountants Scholarship Program**  
 Scholarship America  
 One Scholarship Way, P.O. Box 297  
 Saint Peter, MN 56082

**Postmark deadline March 10**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.) The contact information of applicants may be released to the National Society of Accountants Scholarship Foundation.

*I acknowledge decisions of Scholarship America are final. I certify I meet the eligibility requirements of the program as described in the brochure and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information I have given on this form, including official transcript(s) of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted. I understand my name and address may be released to the National Society of Accountants Scholarship Foundation.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_