Applications must be received by the NYSSCPA by March 1, 2010.
INFORMATION FOR SCHOOLS AND APPLICANT

The purpose of the Excellence in Accounting Scholarship of the New York State Society of Certified Public Accountants (NYSSCPA) and its Foundation for Accounting Education (FAE) is to provide financial assistance to encourage and aid deserving candidates to enter the accounting profession. Accordingly, scholarship awards will be based heavily on financial need. At the same time, applicants must meet or exceed a threshold of acceptable academic performance. The program is administered by the FAE, a 501(c) (3) foundation.

ELIGIBILITY REQUIREMENTS

Applicants must:

• have declared a major in accounting as described below and, if applicable, been accepted to that major.

• be residents of New York State and either U.S. citizens or permanent residents. If you are not a U.S. citizen or do not have a permanent resident visa, you are NOT eligible for a scholarship and should not submit this application.

• be enrolled at or accepted to a New York State college or university that offers an accounting program(s) registered by the N.Y. State Education Department as meeting the educational requirements for admission to the CPA examination (hereafter designated as a “Registered College”).

• have completed a minimum of 72 credit hours by March 1, 2010 and 84 credits by the start of the Fall 2010 semester. Part-time students or students whose programs have followed an irregular pattern must be at an equivalent stage. In addition, such students must have successfully completed the college’s introductory course(s) in accounting.

• have achieved an overall cumulative grade point average of 3.0 or higher (based on a four-point system) for the above 72+ credit hours as of March 1, 2010, and maintain a grade point average of 3.0 or higher.

• have completed and filed an FAFSA application and been approved for financial aid; if you have not applied and been approved for financial aid, you are not eligible for the scholarship and should not submit this application.

• have an FAE Campus Ambassador or Department Chair approval (see THE APPLICATION PROCESS).

Spring 2011 disbursement will require verification of a 3.0 GPA at the end of the Fall 2010 term.

AMOUNT AND DURATION OF SCHOLARSHIP

1. The scholarship is based upon a full year of academic study. The amount of the scholarship shall be $2,500 for full-time study (see 2 below) and $1,250 for part-time study payable on a term basis. Payments will be issued twice during the academic year: September and February. They will be made co-payable to the student and the school. The scholarship award will be reduced for students enrolled for less than a full year and will be based upon the terms completed. There is no provision for support for summer session courses.

2. Applicants must be enrolled for at least 12 semester credits to receive a full scholarship; applicants enrolled in six to 11.5 credits per semester shall be eligible to receive a partial scholarship; applicants enrolled for fewer than six credits are not eligible for an award.

3. Recipients must submit a renewal form to their Campus Ambassador or, for schools without Ambassadors, their department chair. This form will be e-mailed to Ambassadors in January. The scholarship renewal is for the second semester payment only. A second year of funding is not guaranteed, though students may reapply through the regular competitive process.

4. Requests for consideration of special circumstances, such as deferral of a scholarship during a period of leave of absence, may be made to the FAE Scholarship Committee.

To learn more about the New York State Society of CPAs and programs for future CPAs, visit www.nysscpa.org. For further information, please contact Chris James by e-mail at cjames@nysscpa.org.

THE APPLICATION PROCESS

Completed applications (pages 2–3), on behalf of students, are accepted from a Registered College’s Campus Ambassador. For a complete list of Ambassadors, see www.NYSSCPA.org. Each Ambassador may submit a maximum of three applications for consideration.

OR

Individual students who do NOT have a Campus Ambassador may submit their completed application (pages 2–3), via their department chair, to NYSSCPA/FAE Scholarship Program, Attn: Chris James, 3 Park Avenue, 18th Floor, New York, NY 10016.

The application consists of four sections: Personal Information, Personal Statements, Financial Aid Information, and Campus Verifications. Each section must be completed in full by the student or appropriate school representative to be eligible for scholarship consideration, and a copy of the applicant’s transcript must be attached (official or unofficial is acceptable).

Applications must be received by the NYSSCPA by March 1, 2010.
SECTION I - PERSONAL INFORMATION - TO BE COMPLETED BY STUDENT

(Please machine process or type)

1) Institution attending in Fall 2009: ____________________ Declared major: ____________________

2) Total credit hours completed by March 1, 2010: _______ at ____________________ Current cumulative GPA: _______________

3) Are you a U.S. Citizen? □ Yes □ No If no, do you have a permanent resident visa? □ Yes □ No

Applicants must:

• have declared a major in accounting as described above and, if applicable, been accepted to that major;

• be residents of New York State and either U.S. citizens or permanent residents. If you are not a U.S. citizen or do not have a permanent resident visa, you are NOT eligible for a scholarship and should not submit this application;

• be enrolled at or accepted to a New York State college or university that offers an accounting program(s) registered by the N.Y. State Education Department as meeting the educational requirements for admission to the CPA examination (hereafter designated as a “Registered College”);

• have completed a minimum of 72 credit hours by the application date. Part-time students or students whose programs have followed an irregular pattern must be at an equivalent stage. In addition, such students must have successfully completed the college’s introductory course(s) in accounting;

• have achieved an overall cumulative grade point average of 3.0 or higher;

• have completed and filed an FAFSA application and been approved for financial aid; you are not eligible for the scholarship if you have not applied and been approved for financial aid and should not submit this application.

4) Are you an NYSSCPA Member? □ Yes □ No COAP Participant □ Yes □ No

5) Name: __________________________________________________________________________

6) Social Security number: __________________________________________________________________________

7) College address: __________________________________________________________________________

8) Permanent address (if different) __________________________________________________________________________

9) Preferred contact telephone number: __________________________________________________________________________

10) Preferred contact e-mail address: __________________________________________________________________________

I hereby certify that the information submitted with this application is true and correct.

Additionally, I □ Do □ Do NOT authorize the NYSSCPA to publicize my name and background information as a scholarship winner.

Applicant signature: __________________________________________________________________________ Date: __________________________________________________________________________

Applicant’s name: __________________________________________________________________________

SECTION II – Personal Statements

Please type a brief response to the following questions on separate sheets of paper.

Essay

Given the authority to improve the accounting profession, what changes would you recommend and how would you implement them?

Extenuating Financial Circumstances

Please describe any extenuating financial circumstances that are relevant to the determination of your financial need.
**SECTION III: Financial Aid Information**

Print applicant’s name 

**To the Applicant:** Please sign the authorization below and submit Section III (Leave Section IV blank) to your college’s financial aid office in an envelope addressed to your Campus Ambassador or yourself.

I hereby authorize the release of the following information to my Campus Ambassador: (Campus Ambassador Name and Office) ________________________________________________________________________ and the NYSSCPA FAE Scholarship committee solely for the awarding of this scholarship.

(Campus Ambassador Name and Office)

Signed ________________________________ Dated ________________________________

(Candidate Signature)

**To The Financial Aid Office:**

Please make sure the student has completed an FAFSA and is approved for financial aid (see Part 2 below).

Please complete parts 1 and 2 below and return this form in a sealed envelope to the NYSSCPA FAE Campus Ambassador or student applicant via campus mail by March 1, 2010.

**Part 1.** If this scholarship is awarded, the check should be forwarded to the following college representative/office (e.g., bursar, financial aid, or other):

Name ______________________________________________________________

Title ______________________________________________________________

School __________________________________________________________________________________________________________

Student’s school identification number ___________________________________________________________________________________

Address __________________________________________________________________________________________________________

Telephone _________________________________________________ E-mail __________________________________________________

**Part 2.** Financial aid office only: Please complete the following chart. (Please use zero when needed; do not leave any field blank.)

Any comments relevant to the awarding of this scholarship are welcome.

Has the student completed his FAFSA report?  □ Yes    □ No If no, please contact the Campus Ambassador.

**Estimated Expected Family Contribution (EFC)**

as reported on the Student Aid Report for academic year: __________________________________________________________________

<table>
<thead>
<tr>
<th>Student Budget for Year:</th>
<th>Amount</th>
<th>Estimated Financial Aid</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Tuition and fees</td>
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<tr>
<td>Personal expenses</td>
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<tr>
<td>Room and board (including off-campus housing)</td>
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<tr>
<td>Commuting/transportation cost</td>
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<td>Miscellaneous</td>
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<td>Total cost of attendance</td>
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<td>Less EFC per above</td>
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<tr>
<td>= Total need</td>
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<tr>
<td>Less total aid</td>
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<tr>
<td>= Unmet need</td>
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</tr>
<tr>
<td>Total outstanding loan balance</td>
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</tr>
</tbody>
</table>

Comments: __________________________________________________________________________________________________________

Note: Totals in these boxes should match.

Individual completing this form: ________________________________ Title ________________________________

Telephone # _________________________________ E-mail address ________________________________________________________________

Applicant’s name ___________________________________________________________________________________________________

**SECTION IV — Campus Verifications**

**To the applicant:** Upon completion of Sections I, II, and III, you must submit all pages and a copy of your transcript (official or unofficial is acceptable) to your Campus Ambassador or department chair for the department recommendation (below) and mailing. If you have no Campus Ambassador, please provide your department chair with an addressed and stamped mailing envelope.

1. **Department Faculty Recommendation.** Please indicate: Student’s likelihood for success in the accounting profession:

   _____ Excellent      _____ Very Good      _____ Good because: (You may use an additional sheet of paper if you choose.)

   __________________________________________________________________________________________________________

   __________________________________________________________________________________________________________

   __________________________________________________________________________________________________________

   __________________________________________________________________________________________________________

   __________________________________________________________________________________________________________

Campus Certification: Ambassador or Department Chair

I have reviewed the scholarship criteria and the information submitted here. To the best of my knowledge, this application is complete and correct.

Signature ________________________________ Date ________________________________

Print name ________________________________ Title ________________________________

Telephone ________________________________ E-mail address ________________________________________________________________

For further information, please contact Chris James by e-mail at cjames@nysscpa.org.