



Minnesota Association of Public Accountants

111 Lake Street N., PO Box 301

Big Lake, MN 55309

Ph: 612-366-1983

Scholarship Application Instructions

2022-2023 ACADEMIC YEAR

The Minnesota Association of Public Accountants (MAPA) is a professional organization of accountants in public practice who provide accounting and financial statement services for individuals and small business firms. Certified and non-certified accountants are encouraged to apply for membership. The purpose of the Association is to further the knowledge of the practitioner and offer a source of current information and interplay of ideas among professionals.

AMOUNT OF SCHOLARSHIP:

- ◆ Amount varies, but is generally \$750, and is based on the number of qualified applicants.

WHO CAN APPLY:

- ◆ Undergraduate students entering their sophomore, junior, senior or fifth year and enrolled in a degree program at an accredited 4-year college or university, majoring in accounting with the intention to practice in the field of public accounting, and have at least a 2.5 or better grade point average.
- ◆ Applicants must be U.S. citizens attending a U.S. accredited school and be a Minnesota resident.

WHEN TO APPLY:

- ◆ No later than **October 15, 2022**. See "General Information" for details.

HOW TO APPLY:

Applications and forms may be duplicated for distribution purposes; however, completed applications, letters of recommendation from advisor or professor, and official transcripts cannot be submitted by fax or e-mail. In order to receive consideration, applications must be:

- ◆ Accompanied by official transcripts from each school attended. Only official transcripts bearing the seal or registrar's signature of the issuing institution will be accepted. Official transcripts may be submitted by the student with the application or submitted directly to MAPA by the issuing institution.
- ◆ Submitted with all necessary documentation (official transcripts, letter of recommendation), in original form, to be received no later than **October 15, 2022**.

GENERAL INFORMATION:

- ◆ Complete each of the listed questions on this application to the best of your ability. If a question is not applicable to you, please indicate why it is not. Failure to answer any of the questions may constitute a basis for elimination of this application for consideration.
- ◆ Send completed application to MAPA, PO Box 301, Big Lake, MN 55309.
- ◆ All scholarship candidates will be notified of the selection in November 2022.

IMPORTANT: APPLICATION ACCEPTANCE POLICY

- ◆ Applicants and **supporting documentation** (letter of recommendation and official transcripts) must be signed, dated, and submitted in their original form (*no faxes*) to MAPA to be received no later than the **October 15** deadline.
- ◆ **Supporting documentations** should be carefully attached to the back of the application and the whole package stapled to prevent separation.
- ◆ If **supporting documents** are submitted separate from the application, they must be received by MAPA no later than the **October 15** deadline.
- ◆ It is the candidate's responsibility to ensure **supporting documents** have been sent to MAPA and are received by the **October 15** deadline.
- ◆ MAPA reserves the right to eliminate from consideration unsigned applications or applications otherwise incomplete, including applications without supporting documentations, without further notice to the applicant.

Scholarship Application

2022-2023 ACADEMIC YEAR

IMPORTANT INSTRUCTIONS:

- ◆ Every question must be answered. If your response is "not applicable," then you must indicate why it is not.
- ◆ Sign the back page of this application.
- ◆ Review attachment checklist on back page to ensure a complete application.

RETURN COMPLETED FORM TO:

Minnesota Association of Public Accountants
PO Box 301
Big Lake, MN 55309
612-366-1983

CURRENT COLLEGE NAME: _____

SECTION I

Name: _____

Date of Birth: _____

Email Address: _____

Student School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SECTION II

1. FATHER: Name _____ Occupation _____
Address: _____

MOTHER: Name _____ Occupation _____
Address: _____

2. SPOUSE: Name _____ Occupation _____
Address: _____

Number of children: _____ Age(s) of child(ren) _____

(This information is for guidance purposes only.)

3. Estimated annual school expenses (outline specifically):

Tuition: _____ Books: _____

Rent, utilities: _____ Food: _____

Transportation: _____ Medical expenses: _____

Clothing: _____ Miscellaneous: _____

TOTAL EXPENSES \$ _____

4. Sources of funds available for use during this school year:

Personal income from employment _____

Loans _____

Grants and scholarships (explain in detail) _____

Family contribution (allowances, etc.) _____

Interest on savings accounts, dividends on stocks, _____

income from trust fund(s) _____

Other funds (gifts, etc.) _____

TOTAL FUNDS AVAILABLE \$ _____

If working, type of position and number of hours: _____

Describe any circumstances other than already included in this application that should be known and considered by MAPA in evaluating this application: _____

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5. Educational institution in which you are presently enrolled:

Name of school: _____

Address: _____ City: _____ State: _____ Zip: _____

Anticipated date of graduation: _____

Class in Fall of 2022 (check two): Sophomore Junior Senior Fifth year Full-time Part-time

6. Do you intend to continue your education at this institution? Yes No

If no, name of school you will attend: _____

Mailing address: _____

7. What is your declared major(s)? _____

What is your declared minor(s) (if any)? _____

Other Colleges or Universities Attended	Major Field	Overall Average in Accounting	Degree Earned	Year of Graduation

SECTION III

1. Do you plan to enter the field of public accounting? Yes No

2. Are you familiar with MAPA? Yes No

3. Are you aware of their goals and standards? Yes No

4. Would you consider a position with a member of MAPA? Yes No

5. Do you know an accountant who is a MAPA member? Yes No

If yes, please list his/her name and address: _____

7. Describe extracurricular college/community activities. (If none, please explain.) _____

8. List campus or other organizations, societies, in which you hold membership: _____

9. References (other than relatives) list name, address, and occupation of each

Name	Address	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

10. Are you a Minnesota resident? Yes No

11. Are you a citizen of the United States or Canada? Yes No

12. How did you learn about this scholarship? _____

APPLICANT MUST SIGN HERE

I affirm that all the statements made in this application are true to the best of my knowledge.

Signature _____ Date _____

***Applications received after October 15, 2022, will NOT be considered.**

CHECKLIST-- Please be sure you have completed all sections and included the following attachments.

All attachments MUST be received by the **October 15** deadline.

1-Official College Transcript from each college attended: Attached Forthcoming

2-Letter of Recommendation from advisor or professor: Attached Forthcoming