



## Minnesota Association of Public Accountants

111 Lake Street N., PO Box 301

Big Lake, MN 55309

Ph: 612-366-1983

# Scholarship Application Instructions

## 2025-2026 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.

### SCHOLARSHIPS AVAILABLE:

- ◆ Ed Silbernack Memorial Scholarship ~ \$1,000
- ◆ MAPA Scholarships ~ 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:

- ◆ To receive consideration, applications must be received no later than November 15th

### 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, or emailed to [erin.nebben@mapa-mn.com](mailto:erin.nebben@mapa-mn.com)
- ◆ Provide MAPA with a letter of recommendation. The letter of recommendation may be submitted by the student with the application or submitted directly to MAPA from the individual selected to write the letter of recommendation.
- ◆ College Transcripts must be sent to MAPA from each school attended. Transcripts may be submitted by the student with the application or submitted directly to MAPA by the issuing institution.

### IMPORTANT: APPLICATION ACCEPTANCE POLICY:

- ◆ Applications must be signed, dated, and submitted to MAPA to be received no later than the November 15th deadline.
- ◆ If selected as a recipient, you will be notified via email on or before January 1st
- ◆ 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

## 2025-2026 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 application.

**RETURN COMPLETED FORM TO:**

Minnesota Association of Public Accountants  
 PO Box 301  
 Big Lake, MN 55309

**SECTION I**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Student School Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION II**

1. Educational institution in which you are presently enrolled:  
 Name of school: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Anticipated date of graduation: \_\_\_\_\_  
 Class in Fall of 2025 (check two):  Sophomore  Junior  Senior  Fifth year  Full-time  Part-time
2. Do you intend to continue your education at this institution?  Yes  No  
 If no, name of school you will attend: \_\_\_\_\_
3. What is your declared major(s)? \_\_\_\_\_  
 What is your declared minor(s) (if any)? \_\_\_\_\_

Other Colleges or Universities Attended	Major Field	Degree Earned	Year of Graduation

**SECTION III**

1. Do you plan to enter the field of public accounting?  Yes  No
  2. Do you know an accountant who is a MAPA member?  Yes  No  
 If yes, please list his/her name: \_\_\_\_\_
  3. Describe extracurricular college/community activities. (If none, please explain.) \_\_\_\_\_  
 \_\_\_\_\_
  4. List campus or other organizations, societies, in which you hold membership: \_\_\_\_\_  
 \_\_\_\_\_
  5. References (other than relatives) list name, address, and occupation of each
- | Name     | Address or Email | Occupation |
|----------|------------------|------------|
| 1. _____ | _____            | _____      |
| 2. _____ | _____            | _____      |
| 3. _____ | _____            | _____      |
6. Are you a Minnesota resident?  Yes  No
  7. Are you a citizen of the United States or Canada?  Yes  No
  8. 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 \_\_\_\_\_