

2024-2025 Application for the TBA Accounting Student Scholarship

SECTION I. TO BE FILLED OUT BY THE STUDENT

Last Name _____	First Name _____	Middle Initial _____	Social Security Number _____
Street Address _____ _____			Ethnic Origin (required) <input type="radio"/> White, non-Hispanic <input type="radio"/> Asian or Pacific Islander <input type="radio"/> African American, Black <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Hispanic or Latino <input type="radio"/> Other
City _____ Zip _____			

This is a Contract with the Texas State Board of Public Accountancy (TBA)

I understand that the purpose of the scholarship is to help accounting students become Texas CPAs. To receive the scholarship, I understand and agree to the following contractual obligations with the TBA:

Initial in the spaces provided.

_____ submit an Application of Intent to the TBA, the application may be found on the TBA's website at www.tsbpa.texas.gov,

_____ attach a copy of my acknowledgment letter from the TBA confirming receipt of the Application of Intent,

_____ confirm that I have completed **15 semester hours** of upper-level accounting necessary for the scholarship,

_____ confirm that I am majoring in accounting,

_____ confirm my understanding that the scholarship may be available for a maximum of three years while I am completing the academic coursework needed to take the CPA Exam and meet the CPA certification requirements,

_____ confirm that a subsequent TBA Accounting Student Scholarship application is required for each semester that I am attending and applying for the scholarship,

_____ take the CPA Exam as a Texas candidate within 3 years of submitting the Application of Intent,

_____ confirm that after passing all sections of the CPA Exam, I will become a licensed CPA in Texas, and

_____ confirm that I will repay to the TBA within 30 days after notice from the TBA, all of the TBA Accounting Student Scholarship funds that I receive, if I am unable or do not meet these contractual obligations.

Applicant's Signature _____ Date Signed _____

Next Steps: Please give this form to your university's Department of Accounting for completion.

SECTION II. TO BE FILLED OUT BY THE DEPARTMENT OF ACCOUNTING

Is the student majoring in accounting?

yes no

If **NO**, the student is not eligible to be considered for the scholarship.

In which degree plan is the student enrolled? acctg, certificate acctg, undergrad acctg, graduate

Is the student making satisfactory academic progress? yes no

Student's overall grade point average: _____ on a 4.0 scale.

Overall grade point average required for an undergraduate degree in accounting: _____

Overall grade point average required for a graduate degree in accounting: _____

Did the student complete at least 15 semester hours of upper-level accounting coursework prior to beginning the term for which the award is made? yes no

If **NO**, the student is not eligible to be considered for the scholarship.

Department of Accounting Certification

I certify that the above-named student is in compliance with the educational qualifications for the Texas State Board of Public Accountancy TBA Accounting Scholarship, and I recommend that the Financial Aid Department at the university process the application for an award.

The above-named student applicant is eligible for an award at the beginning of the:

fall semester – 20____ spring semester – 20____ summer semester – 20____

Print Name of Dean or Director for the Department of Accounting	Date
Signature of Dean or Director for the Department of Accounting	Telephone Number

SECTION III. TO BE FILLED OUT BY THE FINANCIAL AID OFFICE

Has the student previously received funds through this program at this institution? () yes () no

If **yes**, has the student received funds for more than 3 years? () yes () no

If yes, the student is not eligible for the scholarship.

Is the student a bona fide Texas resident? () yes () no

Student enrollment: () part-time () full-time () final semester

Cost of attendance: \$ _____ Recommended Award \$ _____

Student resources (EFC + Gift Aid): \$ _____

Student need: \$ _____

Financial Aid Office Certification. I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

Institution and FICE Code	Date
Signature of Program Officer	Telephone Number

Point Count

Texas Resident _____ maximum 25 points
Academic Status _____ maximum 25 points
Financial Need _____ maximum 50 points
_____ Total (maximum 100 points)