

Wyoming Association of Public Accountants

SCHOLARSHIP APPLICATION FUND

For Wyoming Students Enrolled in the Pursuit of Accounting Education

Scholarship Criteria:

1. Your application will be evaluated in part on how well you follow instructions when you complete this form.
2. All information provided by applicants will be considered confidential.
3. To receive WAPA Scholarship Funds, candidates must be Wyoming Residents enrolled or accepted by an accredited school within the State of Wyoming as full-time accounting or business related student carrying a minimum of 12 credit hours.

Application Deadline: **April 1**

Name in Full First, Middle, Last	
Present Address Street City, State, ZIP	
Phone Number	
Permanent Address Street City, State, ZIP	
Phone Number	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Wyoming Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of residency in Wyoming: _____ years	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Ages of children (if any)	
If married, Name of Spouse	
Spouse's Occupation	
Professional field you plan to enter	

Name and Address of the College, Community College or University you plan to attend

Name
Address Street City, State, ZIP
Degree to be received
Date you plan to attend: (MM/YY) From to
Have you applied for admission to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (PLEASE SEND US A COPY OF YOUR LETTER OF ACCEPTANCE.)
Are you an existing student at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No

List High School from which you graduated and Colleges you have attended:

	Name of School	City & State	From – To	Major Field	Degree Earned
High School					
College					

Please submit your transcripts from high school and college. If a transcript is unavailable by the **April 1** deadline for applications, submit your application without the transcript **but** tell us when the transcript will be available.

Explain any unusual circumstances regarding your financial status in the following space. It may be to your advantage, for instance, for the committee to know your family size or special needs.

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Employer and Job Description	Full/Part-time	Dates of Employment

References

When you supply information requested below, you are giving the committee permission to contact your references.

Personal Character Reference
Address Street City, State, ZIP
Phone Number
Professional Reference
Address Street City, State, ZIP
Phone Number

Submit a brief paragraph giving your reasons for wishing to study in the professional field of accounting. (Example: When did you first become interested? What opportunities have you had to observe the practice of the profession?)

If your previous education has been interrupted because of illness, employment, finances, travel, etc., please explain.

Because competition for awards may be very great, in the question below it will be to your advantage to clarify the need for financial assistance as completely as possible:

Projected School Costs

Your school year is ____ Months ____ Quarters ____ Semesters	
Tuition	
Food and Housing	
Personal	
Books and Supplies	
Transportation	
Other Personal (Daycare, monthly payments, insurance)	

Your sources of financial support:

SOURCE	Approximate annual income of source, if applicable	Estimate amount of support in dollars you will receive from this source
Parent or Guardian		
Spouse		
Self		
Others (Financial Aid, Social Security, other scholarships, etc)		

Areas of your special interest and proven leadership ability:

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List of other scholarships for which you have received or will receive:

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STATEMENT OF APPLICANT

If I am granted a scholarship, it is my intention to complete the education program outlined. I agree to inform the Wyoming Association of Public Accountants Scholarship Fund immediately if I am no longer interested in preparing for the profession indicated or if my plans change. I also agree for WAPA to publish my name and awards in their material.

I agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Wyoming Association of Public Accountants Scholarship fund.

☐ By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Financial Aid Office at LCCC to release any information that is applicable to this application.

Date

Please email completed application to: Financialaid@lccc.wy.edu