

NATIONAL ASSOCIATION OF BLACK ACCOUNTANTS

BOSTON METROPOLITAN CHAPTER

SCHOLARSHIP APPLICATION

This application must be postmarked by February 15, 2004 for consideration.

Requirements for Consideration

1. Complete the scholarship application.
2. Applicant must be a NABA Member, provide date joined NABA _____
3. Maintain a minimum GPA of 3.0 on a 4.0 scale in the major of Accounting/ Auditing, Finance or other Business-related major, and a GPA of 2.5 overall
4. Submit an essay discussing career goals, extracurricular activities, and how you plan to become involved in NABA.
5. Submit a current official transcript.
6. Submit two letters of recommendation from college/university professors or high school teachers, if you are a freshman.
7. Finalists will be interviewed only if a tie occurs between two applicants
8. Submit a copy of your current resume.

I hereby apply for financial assistance in the payment of my college educational expenditures during (please indicate with an "x").

Academic Year 20_____ to 20_____

Fall Semester _____ ONLY

Spring Semester _____ ONLY

Other Academic Period (Please Explain)

SECTION I - PERSONAL INFORMATION

1. NAME

Last First Middle Initial

2. ADDRESS (____)

Permanent

3. School (____)

Please indicate desired mailing address with an (x) above.

4. PHONE NO.

Permanent

School

5. DATE OF BIRTH

6. MARITAL STATUS

IS SPOUSE IN COLLEGE (Y/N) _____

IF YES, WHERE _____
CHILDREN ? (Y/N) _____
IF YES, HOW MANY ? _____ AGES OF CHILDREN _____

7. ARE YOU A UNITED STATES CITIZEN (Y/N) _____
IF NO, DO YOU HAVE A PERMANENT RESIDENT VISA (Y/N) _____
PERMANENT RESIDENT VISA NUMBER _____
Attach copy of resident visa to application.

8. PLEASE INDICATE YOUR MINORITY GROUP

<input type="checkbox"/>	NATIVE AMERICAN
<input type="checkbox"/>	ASIAN
<input type="checkbox"/>	AFRICAN AMERICAN
<input type="checkbox"/>	LATINO
<input type="checkbox"/>	

SECTION 2 - EMPLOYMENT EXPERIENCE

1. ARE YOU PRESENTLY EMPLOYED (Y/N) _____
2. IF YES, FULL-TIME OR PART TIME ? _____
3. NAME AND ADDRESS OF EMPLOYER

4. ANNUAL GROSS SALARY \$ _____

SECTION 3 - EDUCATION

1. COLLEGE OR UNIVERSITY TO BE ATTENDED DURING THE PERIOD FOR WHICH AID IS REQUESTED

ADDRESS _____

2. DATE ENTERED _____
EXPECTED DATE OF GRADUATION _____
EXPECTED DEGREE _____
MAJOR/ CONCENTRATION _____
G.P.A. _____ A= _____

3. NAMES OF HIGH SCHOOLS AND OTHER COLLEGES ATTENDED

DATE: FROM	TO	SCHOOL	ADDRESS	GRADUATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. HIGH SCHOOL RANKING Number _____ out of _____ graduating seniors.

5. ACADEMIC STATUS DURING THE PERIOD FOR WHICH SCHOLARSHIP AID IS REQUESTED

(Full time, part time, or other. If "other", please explain).

SECTION 4 - FAMILY INCOME

1. Please provide : Name, Occupation, and Total Annual Gross Income for all applicable family members below:

Father _____
Mother _____
Guardian _____
Spouse _____
Other _____

2. Are your family circumstances such that they could provide you financial support ?

SECTION 5 - ESTIMATED INCOME AND EXPENSES

1. PLEASE LIST ALL SCHOLARSHIPS AND LOANS PREVIOUSLY RECEIVED

Source	Period	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. PLEASE LIST ALL SCHOLARSHIPS AND LOANS YOU NOW HAVE, HAVE APPLIED FOR, OR WILL APPLY FOR WHICH COVER THE PERIOD OF AID REQUESTED IN THIS SCHOLARSHIP APPLICATION. UNDER "STATUS", PLEASE INDICATE "APPLIED FOR", "TO BE APPLIED FOR", OR "RECEIVED".

Source	Period	Amount and Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. PLEASE COMPLETE THE WORKSHEET ATTACHED TO THE END OF THIS APPLICATION

4. PLEASE INDICATE YOUR LIVING ACCOMMODATIONS

	UNIVERSITY HOUSING
	PARENTS' HOME
	OTHER (PLEASE EXPLAIN)

SECTION 6 - APPLICANT'S STATEMENT

In submitting this application, I hereby certify that:

1. I am a minority student who is an undergraduate or graduate majoring in Accounting/Auditing, Finance or other Business-related major.
2. I am in need of this scholarship aid to continue my college work.
3. I will use the proceeds of any scholarship received for the payment of tuition, required fees board, room, required materials, or books,
4. The information submitted in this application is complete and accurate, and I agree to inform the committee of any changes in my financial circumstances.
5. I agree to the release of my grades to the National Association of Black Accountants, Boston Metropolitan Chapter.
6. Additional Comments, if any:

PRINT NAME	<hr/>
SIGNATURE	<hr/>
DATE	<hr/>

If a scholarship is awarded, the check, payable to the school should be forwarded to the attention of the representative of the school. This representative is named below. The check will be applied to the tuition or other college or university fees for this applicant.

NAME

TITLE

SCHOOL

ADDRESS

This application should be sent to:

NATIONAL ASSOCIATION OF BLACK ACCOUNTANTS
 BOSTON METROPOLITAN CHAPTER
 ATTENTION: SCHOLARSHIP COMMITTEE
 POST OFFICE BOX 1945
 BOSTON, MASSACHUSETTS 02105
For information, call (617) 445-NABA

**Boston Metropolitan Chapter Scholarship
Section 5 - Question 3**

The following information should be submitted for the same period as aid is requested:

ESTIMATED INCOME

Personal Savings \$ _____
 Total Earnings \$ _____
 - \$ _____
 - \$ _____
 Aid from Parents \$ _____
 Income from Spouse \$ _____
 Aid from Other Relatives \$ _____

Loans (Please List):

- \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____

Scholarships (Please List):

- \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____

Social Security \$ _____

Veterans Benefits \$ _____

Welfare Aid \$ _____

Other Resources (Please List):

- \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____

**TOTAL ESTIMATED
INCOME:** \$ _____

ESTIMATED EXPENSES

Tuition \$ _____
 Fees \$ _____
 - \$ _____
 - \$ _____
 Books and Materials \$ _____
 Board \$ _____
 Room \$ _____

Lunch & Travel Expense

(Commuters only):

- \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____

Personal and Recreational

- \$ _____
 - \$ _____
 - \$ _____

Other Expenses (Please List):

- \$ _____
 - \$ _____
 - \$ _____
 - \$ _____
 - \$ _____

**TOTAL ESTIMATED
EXPENSES:** \$ _____

Total Estimated Income
Total Estimated Expenses

Difference

\$ _____
 \$ _____

 \$ _____

