

2019 Scholarship Application

#### **SCHOLARSHIP APPLICATION**

PLEASE READ AND COMPLETE THIS APPLICATION CAREFULLY ONLY COMPLETED CANDIDATE SUBMISSIONS WILL BE CONSIDERED.

APPLICATION INFORMATION	Indicate which scholarship you are applying for:
Sponsoring Chapter	
Date of Application	2-year (associate degree)
Name of Applicant	4-year (undergraduate degree)
A. PERSONAL DATA	
Permanent Address	
City/State/Zip	
Telephone	
Email	
Current Address (If different from Permanent Address)	
City/State/Zip	
Only/Ordito/Lip	
B. ACADEMIC BACKGROUND (Post-Secondary Schools At Applicants are required to attach one original unofficial transcrip	
university, college or institution attended.	ts of grades of equivalent records from the current
Educational Institution (current)	
From - To	Formantial Condition Date
From - 10	Expected Graduation Date
	Expected Graduation Date – Masters Degree: (If applicable)
Major	Overall GPA:
Hours Completed	Accounting/Finance courses GPA:
Educational Institution (previous)	Degree Sought:
From – To	
	Date of Degree:
Major	Date of Degree:  Overall GPA:

C. I	EXTRACURRICULAR ACTIVITIES,	<b>VOLUNTEER ACTIVITIES,</b>	AND HONORS (	Attach an additional sheet if necessary)
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Extracurricular A	Activities, voluntee	er activities and Offices Held (in	nclude academic, profession	al, etc.)		
Scholarships an	nd/or Fellowships F	Received During the Studies Li	sted Above			
				Date:		
				Date:		
				Date:		
Honors and Awa	ards Received Duri	ng the Studies Listed Above				
				Date:		
				Date:		
				Date:		
D. EMPLOYME From	NT To					Type of position
(Month/Year)	(Month/Year)	Employer	Address			Type of position held
YOUR Total In	d attach financial	aid transcript if available. <u>Current Academic</u>	<u>Year</u>	<u>1</u>	Next /	Academic Year
(Estimate if ne	cessary)					
Scholarships			_			
Grants			_		_	
Loans			_			
Wages			_			
Family			_			
Other (describe	e)		_			
Total Incom	10					

FINANCIAL BACKGROUND (cont'd)	
Educational Expenses	
Tuition	
Books/Supplies	
Other (describe)	
Total Expenses	
NET TOTAL	
Total prior year gross income of person providing your support:	
Current year expected gross income of that person:	
Are you self-supporting?	
If yes, number of dependents including you.	
Are you supported <b>TOTALLY</b> or <b>PARTIALLY</b> by another person	n?
If yes, numbers of dependents that person supports: (Include the supporter as a dependent)	
<b>F. References</b> There are two different recommendation forms attached to this faculty member in your field of study, or to an employer, acade only <b>one</b> letter is required, but you must have two references for	emic advisor, or volunteer supervisor. Please note that
Name	Name
Title/Occupation	Title/Occupation
Address	Address
Telephone	Telephone
DECLARATION & SIGNATURE OF APPLICANT	
I certify that all the information contained in my application form I have not applied to more than one AFWA chapter.	is accurate to the best of my knowledge. Further, I confirm that
Signature	Data
Signature	11210

How did you learn about AFWA Scholarship? Please check the appropriate items:
Department/Professor Financial Aid Office Social Media Website (name): AFWA member: AFWA Chapter of: Other:
Applicant Checklist Please check all items included with the applications:
<ul> <li>Completed Application with signature</li> <li>Attach one original unofficial transcript</li> <li>Attach financial aid transcript (if available)</li> <li>Essay</li> </ul>
<ul> <li>☐ Verification of current enrollment</li> <li>☐ One reference letter (Faculty or Employer)</li> </ul>
Please carefully read what you have submitted to us here. Only signed and completed applications will be considered.

#### G. ESSAY

scholarship@milwaukeeafwa.org

Attach an essay from 150 to 250 words on career goals and objectives, what impact the candidate wants to have on the accounting world, community involvement and leadership examples.

Attach the completed application along with all the other forms and required materials to one email and send it to

It should be no more than one typed page (must fit the box on page 6) – no hand-written essays will be read.

The essay will be used for Chapter scholarship selection and may be forwarded (with your permission) to our National Scholarship Foundation, if you are selected on the local level.

Please use the next page for your essay. Put your name at the top for identification purposes.

Name:								



# Recommendation for the AFWA Milwaukee Chapter Scholarship

Applicant Name	e:								
	Last	First	N	Aiddle					
Recommendati	on From:								
	Name		Position /Title						
Educational Ins	titution Name:								
accounting and fi grant up to two se a Wisconsin cam accomplishments	nance fields to achiev cholarships each year pus, including online a s, academic achievem	e their full potential and to well-deserving stude attendance at such scho	to contribute to their professints who are Wisconsin reside tools. Please use the space be lities as well as any personali	ssion is to enable women in all on. To help realize our mission, wents and are attending a school with low to discuss the applicant's ty traits that help this candidate					
How long have yo	ou known the applican	nt?							
Please rate the a	pplicant with respect t	o your experience with	other students in this field:						
Exceptional	Very Good	Good Av	verage Below Average	Insufficient opportunity to Observe					
Cianatura			Doto						



# Recommendation for the AFWA Milwaukee Chapter Scholarship

Applicant Name:								
	Last	First	N	Aiddle				
Recommendat	ion From:							
	Name		Position /Title					
Business Name	e:							
accounting and grant up to two s a Wisconsin car accomplishment	finance fields to achie scholarships each yea npus, including online	eve their full potential and ar to well-deserving stude a attendance at such scho Il as any personality traits	to contribute to their profession onts who are Wisconsin reside pols. Please use the space be	ssion is to enable women in all on. To help realize our mission, wents and are attending a school with low to discuss the applicant's eed in the business world. You				
How long have y	you known the applica	ant?						
Please rate the	applicant with respec	t to your experience with	other employees in this position	on:				
Exceptional	Very Good	Good Aver	rage Below Average	Insufficient opportunity to Observe				
Cianatura			Deter					



### **Verification of Current Enrollment**

I Certify that	is currently enrolled in name of student degree/program						
,	name of student	<u> </u>	degree/program				
At							
		Name of educational institution					
		Address of educational institution					
		Address of educational institution					
Signatura		Det	٠.				
Signature.		Dan	e:				

Official Stamp of the educational institution