

Accountancy Board of Ohio
77 S. High Street, 18th Floor
Columbus, Ohio 43215-6128
(614) 466-4135

**APPLICATION FOR EDUCATIONAL ASSISTANCE COMMITMENT
(2009)**

NOTE: This application is for a commitment of future fifth-year funds to qualified students enrolled as sophomores, juniors, or seniors in an accounting program at an accredited Ohio college or university. If you have been previously committed funds by the Board, you should use the grant application.

PART I: GENERAL INFORMATION

NAME: (Please print or type) _____

FIRST M.I. LAST

PERMANENT ADDRESS: _____

NUMBER STREET APT./UNIT(if any)

CITY STATE ZIP CODE

SS#: _____ **TELEPHONE:** _____ **E-MAIL:** _____

PART II: COLLEGE INFORMATION

NAME OF COLLEGE/UNIVERSITY ATTENDING: _____

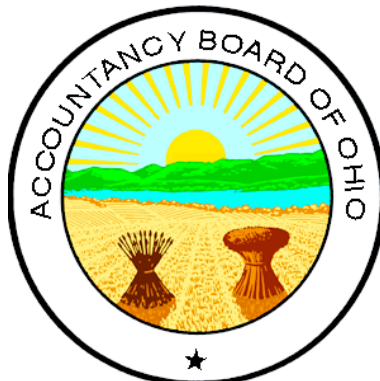
ENROLLMENT STATUS: FULL-TIME PART-TIME

CLASS STANDING: SOPHOMORE JUNIOR SENIOR GRADUATE (Check one box)

AFFIDAVIT

I do hereby certify to the truth and accuracy of the representations that I have made in this application. I also agree that if I receive scholarship funds I will sit for the CPA examination within two years of receipt of the final grant payment. I understand that if I do not take the CPA examination the grant funds are required to be repaid.

Signature of student: _____ **Date:** _____



INSTRUCTIONS

1. This form is to be used only as an application for a scholarship commitment of funds by the Accountancy Board of Ohio. If you wish to apply for a grant of funds previously committed, you should use the Application for Educational Assistance Grant form.
2. Your address should be the one at which you wish to receive **official** mail from the Accountancy Board. Please choose carefully whether you wish to have mail sent to a home address or a campus address.
3. You must attach or have the college mail separately an **official** transcript of your college credits as verification of your statements in Part II of this application as evidence of your enrollment in an accounting program of study.
4. This application must be completed and signed by you and the appropriate university administrative official.
5. The Board uses the methodology in the Free Application for Federal Student Aid (FAFSA) to assist it in determining eligibility for education assistance funds. For information, go to www.fafsa.ed.gov. Applicants who are in graduate school for the fifth year must use the same FAFSA methodology as fifth-year undergraduates. The Board will also require evidence of financial need for prior years.

III. COLLEGE OR UNIVERSITY VERIFICATION

Note to college or university administrative official: Any box checked "NO" may mean that the student is not eligible for a scholarship commitment. Please explain all "NO" answers and fully note the reasons, including any extenuating circumstances.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The student applicant is enrolled at this institution and is academically in good standing. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student applicant is enrolled in an accounting program of study as a sophomore, junior, or senior. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student applicant has completed at least 30 semester hours (45 quarter hours) of study acceptable to this institution. |

EXPLANATION OF BOX(ES) CHECKED "NO"

(Write legibly or type; use an additional sheet if necessary)

Name of University or College _____

Signature of university administrative official _____ **Date** _____

Print your name, title, and mailing address:

OFFICE Phone Number _____ **E-Mail Address** _____

Please mail to the address at the top of this application.