

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

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

NOTE: Please read the instructions on page 2 before signing this form. This application is to be used **only** for “Tier One” grants of funds previously committed by the Accountancy Board of Ohio to qualified individuals enrolled in the fifth year of a five-year accounting program of study at an accredited Ohio college or university.

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:** _____

PART II: COLLEGE INFORMATION

NAME OF COLLEGE/UNIVERSITY ATTENDING: _____

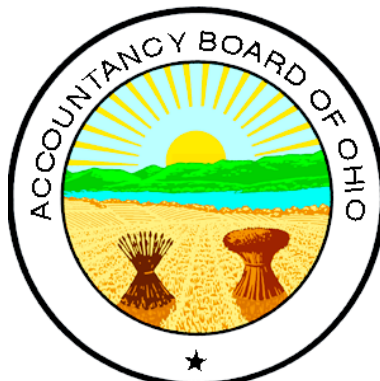
ENROLLMENT STATUS: FULL-TIME PART-TIME

CLASS STANDING: FIFTH-YEAR STUDENT GRADUATE STUDENT (Check one box)

AFFIDAVIT

I do hereby certify to the truth and accuracy of the representations in this application. I also agree that 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 scholarship funds that have been previously committed to you by the Accountancy Board of Ohio. **Grant funds cannot be awarded to students who already qualify for admission to the CPA examination in Ohio.**
2. Your address should be the one at which you wish to receive **official** mail from the Accountancy Board.
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 the fifth year of a five-year accounting program of study. 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.
4. This application must be completed and signed by you and the appropriate university administrative official.
5. Education assistance grant funds will be distributed to the college or university in which you are enrolled.

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 the grant. Please explain all "NO" answers and fully note the reasons.

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 the fifth year of a five-year accounting program of study that meets the legal requirements for CPA certification in Ohio. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student applicant has completed at least 120 semester hours (180 quarter hours) of study acceptable to this institution. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student applicant will keep this institution informed when grant money is spent, and we will in turn inform the Board of this fact. |

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.