



Accountancy Board of Ohio  
77 S. High Street, 18th Floor  
Columbus, Ohio 43215-6128

<http://acc.ohio.gov/CPAExam/EducationAssistance.aspx>

(614) 466-4135

## APPLICATION FOR EDUCATIONAL ASSISTANCE

NAME: (Please print or type) \_\_\_\_\_  
FIRST M.I. LAST

PERMANENT ADDRESS: \_\_\_\_\_  
NUMBER STREET APT./UNIT (if any)

\_\_\_\_\_  
CITY STATE ZIP CODE

SS#(Last 4 Digits): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY ATTENDING: \_\_\_\_\_

### ENROLLMENT STATUS:

FULL-TIME  
 MINORITY STUDENT

PART-TIME  
 VETERAN/ACTIVE SERVICE

### CLASS STANDING:

JUNIOR  SENIOR  GRADUATE (Check one)

### 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

This application is for students seeking financial assistance through the education assistance fund offered by the Accountancy Board of Ohio. Students must have first completed 120 semester hours before they are eligible to apply.

1. This application must be completed and signed by the appropriate university administrative official and yourself. Unanswered questions may result in a delay of processing your application.
2. Please be sure all the following are included with your completed application:

- |  |  |
|--|--|
| <input type="checkbox"/> Student FAFSA report                | <input type="checkbox"/> All Official Transcripts          |
| <input type="checkbox"/> Class schedule for current semester | <input type="checkbox"/> Tuition bill for current semester |

\*\* Transcript must be **official** and unopened from the University. All other documentation may be copied. \*\*

## COLLEGE OR UNIVERSITY VERIFICATION

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

**YES or NO**

- The student applicant would qualify as an Ohio resident for in-state tuition status.
- The student applicant is enrolled at this institution and is academically in good standing.
- The student applicant has completed at least 120 semester hours (180 quarter hours) of study acceptable to this institution.

**EXPLANATION OF BOX(ES) CHECKED "NO"**

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

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**Name of University or College:** \_\_\_\_\_

**Signature of University Administrative Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print your name, title, and mailing address:**

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**Office Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

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