



# Idaho Association of Public Accountants

## Betty Schmidt Scholarship Fund

*Purpose—Emphasize and perpetuate the prestige and status of the public accounting profession*

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### APPLICATION FOR SCHOLARSHIP 2018-2019 ACADEMIC YEAR

**Directions:**

- Complete each of the listed questions to the best of your ability. **Failure to answer any of the questions may constitute a basis for elimination of this application from consideration.** Send complete application to the Idaho Association of Public Accountants, Scholarship Foundation, 144 McClure Ave, Nampa, ID 83651 or Fax 866-463-8291.
- Deadline for submission is an April 18, 2018, postmark. All scholarship candidates will be notified of the selections in July. Checks are sent directly to the school prior to the beginning of the fall term.
- The scholar/scholars will be selected annually. The Foundation Scholarship Award may be used for either undergraduate or graduate study.

**Qualifications:**

- Applicant must be an Idaho resident.
- Applicant must major in Accountancy.
- In the 2018-2019 academic year, applicant must be a junior or senior Accounting student, or graduate level, attending an Idaho college or university.

**Requirements:**

- This completed application.
- A letter of recommendation from the head of the accounting department or professor of accounting at the college or university in which you are currently enrolled.
- *Official* college transcripts.

**SECTION I:**

1. Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

3. Addresses (during school year) Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 (Permanent) Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

4. Father's name and address \_\_\_\_\_  
 \_\_\_\_\_  
 Father's occupation \_\_\_\_\_  
 Current Annual Income \$ \_\_\_\_\_

5. Mother's name and address \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Current Annual Income \$ \_\_\_\_\_

6. Name and age of all brothers and sisters \_\_\_\_\_

7. Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Current Annual Income \$ \_\_\_\_\_

8. Estimated Annual School Expenses (outline specifically for **Applicant Only**):

Tuition & Fees \_\_\_\_\_

Books \_\_\_\_\_

On-Campus Room & Board \_\_\_\_\_

**Total \$** \_\_\_\_\_

9. Other Estimated Annual Expenses (outline specifically):

Rent, Utilities \_\_\_\_\_ Food \_\_\_\_\_

Transportation \_\_\_\_\_ Medical Expenses \_\_\_\_\_

Clothing \_\_\_\_\_ Miscellaneous \_\_\_\_\_

**Total \$** \_\_\_\_\_

10. Source of Funds Available for Use During This School Year:

**Amount**

Personal Income from Employment ..... \$ \_\_\_\_\_

Loans ..... \_\_\_\_\_

Grants and Scholarships (Explain in Detail—use separate paper) ..... \_\_\_\_\_

Family Contribution (Allowances, etc.) (Not applicant or spouse) ..... \_\_\_\_\_

Interest on Savings Accounts, Dividends on Stocks, Income from Trust Funds ..... \_\_\_\_\_

Other Funds (Gifts, etc.) ..... \_\_\_\_\_

**TOTAL FUNDS AVAILABLE: \$** \_\_\_\_\_

If working, type of position and number of hours: \_\_\_\_\_

11. List members of immediate family presently attending college or a university and how their tuition is financed:

\_\_\_\_\_  
\_\_\_\_\_

12. Describe any circumstances other than already included in this application which should be known and considered by the Foundation in evaluating this application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Education institution in which you are presently enrolled:

Name of School \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Class Status:  Sophomore  Junior  Senior Anticipated Graduation Date:

Full-Time Student  Part-time Student \_\_\_\_\_

14. Do you intend to continue your education at this institution?  Yes  No, I will attend:  
 Name of School \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

15. Other Colleges or Universities Attended	Major Field	Overall Average in Accounting	Degree Earned	Year of Graduation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section II**

1. Are you currently pursuing a major in accounting?  Yes  No  
 2. Do you plan to enter the field of public accounting?  Yes  No  
 3. Are you familiar with the Idaho Association of Public Accountants?  Yes  No  
 4. Describe your extracurricular collegiate activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. List campus or other organizations or societies in which you hold membership, including positions held:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. References—other than relatives. List name, address, occupation and phone number of each.  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

7. I am a full-time resident of the state of Idaho:  Yes  No

I affirm that all the statements made in this application are true to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

**Applications received after April 18 will NOT be considered. Incomplete applications will not be considered.**  
*The Idaho Association of Public Accountants is a state professional organization of accountants in public practice who provide accounting, tax, financial and management advisory services for individuals and small business firms. Certified and non-certified accountants are encouraged to apply for membership. The purpose of the IAPA is to further the knowledge and expertise, as well as promote high morals, high ethical standards and professionalism of its members, and to offer the opportunity of fellowship and understanding within the profession.*