



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 2019-2020 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, 2019 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 2019-2020 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.