

CPA Exam Award Scholarship Application

Funded by the CPA Endowment Fund of Illinois



ILLINOIS CPA SOCIETY

APPLICATION DEADLINES

March 15 | June 15 | September 15 | November 15

All applicants will be contacted approximately two weeks after the deadline.

All applicants must meet the following criteria:

- Be a U.S. Citizen or Permanent U.S. Resident and be an Illinois Resident
- Not be reimbursed for CPA exam fees by an employer
- Maintain a current or final cumulative GPA of at least 3.0/4.0 or equivalent
- Have pre-approved status by Illinois Board of Examiners and agree to take at least one section within nine months of the date on the application approval letter from the Board of Examiners. Must not have completed all four sections of the exam, but may apply with a portion of the exam completed.
- Complete all four sections of the exam within 18 months of being approved to test by the Board of Examiners. If all four sections are not completed within 18 months, candidates may be asked to refund all, or a portion of the award based on the number of sections completed.
- Not already recieved this award

SECTION 1 - Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Gender*: Male Female

Ethnicity*: African American Alaskan/Native American Asian/Pacific Islander

Caucasian Hispanic/Latino Other: _____

* Optional disclosures requested to track the audiences we are reaching.

Citizen Type: U.S. Citizen and Illinois Resident Permanent U.S. and Illinois Resident

Are you pre-approved to test by the Illinois Board of Examiners?

Yes No

Indicate which testing windows you intend to sit for the CPA exams (select all that apply):

January - February

July - August

April - May

October - November

CPA Exam Status: This will be the first time I will sit for the CPA exam. I am a re-examination candidate.

Note: Scholarships will only be given to individuals one time, but can be applied for by both first time and re-examination candidates.

SECTION 2 – Academic Background

Student Status: Full-Time Part-Time Anticipated Graduation Date: _____ Not a Student

Undergraduate Information:

Institution: _____

Degree(s): _____ Major: _____

Overall GPA: _____ Major GPA: _____ Graduation Date/Anticipated Date: _____

Institution: _____

Degree(s): _____ Major: _____

Overall GPA: _____ Major GPA: _____ Graduation Date/Anticipated Date: _____

Institution: _____

Degree(s): _____ Major: _____

Overall GPA: _____ Major GPA: _____ Graduation Date/Anticipated Date: _____

Graduate Information:

Institution: _____

Degree(s): _____ Major: _____

Overall GPA: _____ Major GPA: _____ Graduation Date/Anticipated Date: _____

Institution: _____

Degree(s): _____ Major: _____

Overall GPA: _____ Major GPA: _____ Graduation Date/Anticipated Date: _____

SECTION 3 - Employment Information

Employment Status: Full-Time (25-40+ hours) Part-Time (10-25 hours) Not Employed

Current Employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Future Employer: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

CPA Exam Fee Reimbursement:

- My employer **does** reimburse me for CPA exam fees.
- My employer **does not** reimburse me for CPA exam fees or I am not employed.
- I am **unsure** of my employer's policy regarding CPA exam fees.

SECTION 4 - Essay Questions

Please respond to essay questions in approximately 150 words (typed responses preferred).

1. Outline and explain your plans and timetable for taking the CPA exam.

2. Explain why obtaining the CPA designation is important to you.

3. Explain your financial need and how this award would benefit you.

4. (Optional) Explain special circumstances you feel are relevant to your application.

SECTION 5 – Supplemental Information

In order to complete your application, you must submit your signed application, resume, and college or university transcript(s) to the Illinois CPA Society.

- I will submit a complete and signed application.
- I will submit my resume.
- I will submit an official transcript(s) from all institutions attended.

Application Certification

I certify that the information on this application is true and accurate to the best of my knowledge and that I am eligible to apply for this scholarship according to the eligibility criteria cited. I understand that if I am selected for a scholarship award, I may be asked to verify the information provided. I understand given the nature and purpose of this scholarship program, candidates offered awards for which they are no longer eligible will relinquish the award and any claim to the award.

I authorize the Illinois Board of Examiners to release information about me to the Illinois CPA Society including: name, address, telephone number, email address, application approval status, attendance at the exam to facilitate the review of my application for the CPA Exam Award. This information will not be forwarded or shared with any party other than the scholarship committee.

Signature: _____ Date: _____

Please send completed application and supplemental materials to:

Illinois CPA Society Attn: CPA Exam Award Program

550 W. Jackson, Suite 900, Chicago, IL 60661-5716

Phone: 312.993.0407, ext. 216 | Fax: 312.993.9954 | Email: scholarship@icpas.org