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

# APPLICATION FOR EDUCATIONAL ASSISTANCE GRANT (2014)

**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**

ERMANENT ADDRES	FIRST S.	M.I.	LAST	
RWANENI ADDRES	NUMBER STREET		APT./UNIT(if any)	
	CITY	STATE	ZIP CODE	
#(Last 4 Digits):	TELEPHONE:	<b>1</b>	E-MAIL:	
	PART II: COLLE	EGE INFORM	ATION	
	TAKT II. COLLI	ZOL II W ORW		
ME OF COLLEGE/U	NIVERSITY ATTEND	ING:		
ROLLMENT STATU	S: FULL-TIME		PART-TIME	
	S:FULL-TIME		PART-TIME	
			PART-TIME  ATE STUDENT (Check one box)	
	 FIFTH-YEAR STUDEN			
	 FIFTH-YEAR STUDEN	NT GRADU		
ASS STANDING: l	FIFTH-YEAR STUDEN  AFF  THE STUDENT OF THE STUDENT	NT GRADU  IDAVIT  e representations	ATE STUDENT (Check one box)	
ASS STANDING: l  I do hereby certify to th I will sit for the CPA ex	FIFTH-YEAR STUDEN  AFF  THE STUDENT OF THE STUDENT	NT GRADU  IDAVIT  e representations of receipt of the	ATE STUDENT (Check one box)  in this application. I also agree that a final grant payment. I understand	
ASS STANDING: l  I do hereby certify to th I will sit for the CPA ex	FIFTH-YEAR STUDEN  AFF  The truth and accuracy of the amination within two year	NT GRADU  IDAVIT  e representations of receipt of the	ATE STUDENT (Check one box)  in this application. I also agree that a final grant payment. I understand	
ASS STANDING: l  I do hereby certify to th I will sit for the CPA ex that if I do not take the	FIFTH-YEAR STUDEN  AFF  The truth and accuracy of the amination within two year	TIDAVIT  e representations of receipt of the att funds are required.	ATE STUDENT (Check one box)  in this application. I also agree that a final grant payment. I understand ired to be repaid.	

#### **INSTRUCTIONS**

- 1. This form is to be used <u>only</u> 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 <u>must</u> attach or have the college mail separately an <u>official</u> 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 <a href="www.fafsa.ed.gov">www.fafsa.ed.gov</a>. 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, including any extenuating circumstances.

YES NO					
	The student applicant would qualify as an Ohio resident for in-state tuition status.				
	The student applicant is enro	ically in good standing.			
	The student applicant is enro the legal requirements for Cl	•	five-year accounting program of study that meets		
	The student applicant has con acceptable to this institution	(180 quarter hours) of study			
		TION OF BOX(ES) CHECKED "It yor type; use an additional sheet if necessar			
Name of U	University or College				
Signature of university administrative official			Date		
Print you	r name, title, and mailing	address:			
OFFICE P	hone Number	E-Mail Address			