



## Accountancy Board of Ohio Education Assistance Scholarship

The Accountancy Board of Ohio offers an education assistance program for students who can demonstrate financial need and are seeking to sit for the CPA exam. The program is designed to assist with the cost of tuition for the fifth year of study required to sit for the CPA exam.

### ***Requirements to qualify for the scholarship***

- Applicant must demonstrate a financial need.
- Applicant must be enrolled as a student in an Ohio college or university.
- Applicant must have completed 120 semester credit hours prior to the college term for which the first payment is to be received.
- Applicant must have declared a major in accounting or be enrolled in a program that, upon completion, would meet the educational requirements to obtain a CPA certificate.
- Applicant must be in good standing academically as defined by their Ohio college.
- Applicant must be an Ohio resident.

### ***Scholarship Procedure (OAC 4701-17-04 (B))***

- Scholarship money cannot be used for coursework in excess of that required to qualify to sit for the CPA exam which is 150 total college credits to include 30 accounting credits and 24 business credits.
- A scholarship shall not exceed the maximum amount payable as determined by the Board, or the student's actual tuition less any other financial aid, whichever is less.
- A scholarship may be paid out as long as the student has not met the education requirements to sit for the CPA exam.

### ***Additional Information***

As a condition of this scholarship, students agree that they will sit for the CPA exam within two years of receiving their final scholarship payment. Documentation must be submitted to the Board to prove compliance of this requirement within 60 days of sitting for the exam. If a student accepts the scholarship and fails to sit for the exam the scholarship funds are required to be repaid. If a student is not compliant in sitting for the exam, or refunding the scholarship, their information may be turned over to the Ohio Attorney General.

***Student's Initials*** \_\_\_\_\_



**APPLICATION FOR EDUCATIONAL ASSISTANCE**

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

**PERMANENT ADDRESS:** \_\_\_\_\_  
STREET APT/UNIT CITY STATE ZIP

**Last 4 digits of SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ENROLLMENT STATUS:**  
\_\_\_\_ FULL-TIME    \_\_\_\_ PART-TIME    \_\_\_\_ MINORITY STUDENT    \_\_\_\_ 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 and submit documentation to the Board to prove compliance of such. I understand that if I do not take the CPA examination the scholarship funds are required to be repaid.

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTARIAL CERTIFICATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to or affirmed and subscribed before me by \_\_\_\_\_ (name of signer) on this \_\_\_\_\_ (date).

(Seal)

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_

**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 in processing your application.
2. Please be sure all of 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
3. Mail documents to Accountancy Board of Ohio, 77 S. High St., 18<sup>th</sup> Floor, Columbus, OH 43215-6128.

**\*\* 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 verification marked "NO" may mean the student is not eligible for the scholarship. Please explain all "NO" answers and fully note the reason(s), 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)

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

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

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

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

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

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