

Independent Association of Accountants of New York, Inc.

4043 Maple Rd Box 100A, Amherst NY 14226

iaafny@msn.com

Scholarship Application

Return your complete application to: Independent Association of Accountants of New York, Inc.

4043 Maple Rd Box 100A, Amherst NY 14226

Deadline: All applications must be fully completed, including a type written biography and postmarked by March 15th.

Please type or print in black ink. All questions must be answered.

Your Name: _____ Phone #: _____ (Indicate area code)

Address: _____ (Indicate street address, town, state and zip code) Age: _____ Date of Birth: _____

High School: _____ GPA _____ Graduation Date: _____

Post High School Degree(s) _____ GPA _____ Graduation Date(s) _____

Current College/Business School _____ Entrance Date: _____ Anticipated Graduation Date: _____

Degree Program: _____ Credit Hours per Semester _____

Name of Sponsoring Member _____ Relationship to Member _____

Anticipated Scholarships _____ Amount _____

Anticipated Scholarships _____ Amount _____

List three (3) References (not relatives) below:

Name: _____ Phone #: _____ (Indicate area code)

Address: _____ (Indicate street address, town, state and zip code)

Name: _____ Phone #: _____ (Indicate area code)

Address: _____ (Indicate street address, town, state and zip code)

Name: _____ Phone #: _____ (Indicate area code)

Address: _____ (Indicate street address, town, state and zip code)

Family Background

Parent Information

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Sibling Information

Name _____ Age: _____ Living at Home _____ Attending School or Working? _____

Name _____ Age: _____ Living at Home _____ Attending School or Working? _____

Name _____ Age: _____ Living at Home _____ Attending School or Working? _____

Financial Data

Annual Family Income _____ Estimated cost for college (per year) _____

List any scholarships or grants that you have received or are receiving. List the source and the amount.

Scholarship/Grant _____ Amount _____ Scholarship/Grant _____ Amount _____

Scholarship/Grant _____ Amount _____ Scholarship/Grant _____ Amount _____

Are there any extenuation financial circumstances which the committee should consider? Describe below.

Essay: In the space below, write an autobiography which includes your interest, hobbies, vacation and work experiences, your purpose for going to college, your goals, etc. **Do not attach additional pages.**

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship awarded.

Signature: _____ Date: _____