

INDEPENDENT ASSOCIATION OF ACCOUNTANTS OF NEW YORK, INC.
4043 MAPLE RD BOX 100A, AMHERST, NY 14226

iaaofny@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

PERSONAL DETAILS

Student Name: _____

Address: _____

Date of Birth: _____

CURRENT STUDY STATUS AND STUDY INTENTIONS

Current High School Status: _____

Current College/Business School: _____

Degree Program: _____

College Entrance Date: _____

College Graduation Date: _____

You intend to Study

- Part Time
- Full Time

Please List Any Academic Awards or Scholarships that you are currently receiving

Personal Statement:

Briefly state your purpose for college and your goals

Certification: 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 _____