

APPLICATION FOR PASPB ACCOUNTING SCHOLARSHIP 2012 - 2013

APPLICANT INFORMATION

Name:		Date:
SSN:	Phone:	
Current address:		
City:	State:	ZIP Code:
Email address:		
Referred to PASPB Scholarship Program by:		Relationship:
Amount Requested:	Summer II/Fall 2012 _____	Spring/Summer I 2013 _____

SCHOLASTIC INFORMATION

High School Graduated:	Year:	City:	State:
High School GPA:	Scale:	College GPA:	Scale:
Which college/university do you plan to attend or are currently attending:			
What is your major?	What degree will you attain? Bachelors _____ Masters _____		
What is your current classification:	Freshman ____	Sophomore ____	Junior ____ Senior ____
How many hours do you need to receive your degree?	Expected Date of Graduation:		
Additional College attended:	Year(s) attended:		
What are your scholastic goals?			
What are your employment goals after graduation?			
Courses, workshops, seminars, or other specialized or advanced training received:			
Memberships, activities, positions of leadership in school, civic, community or special interest groups (excluding any organization in which the name or character of which may reveal race, religion, or national origin of its members):			
Have you applied for other scholarships? Yes _____ No _____			

EMPLOYMENT INFORMATION

Current employer:	Phone:
Supervisor:	Your Title:
Dates of Employment:	Salary:
If no longer employed, reason for leaving:	
If currently employed, may we contact your supervisor:	
Describe your principal responsibilities:	

Applicant's name: _____

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SIGNATURES

The answers and statements set forth above in my application for scholarship are true and complete. I understand that if awarded, false statements on this application shall be considered sufficient cause for revocation of scholarship. You are hereby authorized to make an investigation of my personal history, financial records, and credit records through any investigator, credit agencies or bureaus of your choice. In making this application for scholarship I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

Signature of applicant:

Date:

DRUG AND CONTROLLED SUBSTANCE SCREENING TEST CONSENT

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug and controlled substance screen test, if requested. Further, I hereby consent to the release of the test results to PASPB for its use. I understand that any positive result may preclude my consideration in this application.

Signature of applicant:

Date:

ADDITIONAL INFORMATION (CONT.)

Please submit this application along with all college or high school transcripts. If you have hours from multiple colleges, please submit transcripts showing all hours completed. This organization does not discriminate in awarding scholarships because of race, color, religious creed, national origin, sex or age. No question on this application is intended to secure information to be used for such discrimination.

Application deadline is **February 15, 2012**.

Return Application to:
PASPB
P. O. Box 1123
Midland, TX 79702-1123

For additional information please contact:
Linda Bryant
(432) 683-7443
schpchair@paspb.org