

APPLICATION FOR ACCOUNTING SCHOLARSHIP

APPLICANT INFORMATION

Name:		Date:
SSN:	Phone:	
Current address:		
City:	State:	ZIP Code:
What prompted your application?	Referral	College Agency <i>(please circle)</i>
Referred to PASPB by:	Relationship:	
Amount Requested:	Subjects financing request for:	
Which college/university do you plan to attend or are currently attending?		
What is your major?	What degree will you attain?	
How many hours do you need to receive your degree?		
What are your scholastic goals?		
What are your employment goals after graduation?		
Have you applied for other scholarships?	Yes	No <i>(please circle)</i>

SCHOLASTIC INFORMATION

High School attended/graduated:			
Additional High School attended:			
College attended/attending:			
Additional College attended:			
High School GPA:	Scale:	College GPA:	Scale:
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):			

EMPLOYMENT INFORMATION

Current employer:	
Supervisor:	Your Title:
Dates of Employment:	Salary:
Reason for leaving:	
If still employed, may we contact your supervisor:	
Describe your principal responsibilities:	

PREVIOUS EMPLOYMENT

Name of employer:	Location:
Dates of employment:	Position:

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Person to contact:

PREVIOUS EMPLOYMENT

Name of employer:

Location:

Dates of employment:

Position:

Person to contact:

REFERENCES

Name

Address

Phone

ADDITIONAL INFORMATION

Have you ever been convicted under any criminal law within the past 5 years (excluding minor traffic violations)?

If yes, please explain

Reasons for considering you for the PAsPB scholarship:

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 or 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 which 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, detail information about the nature and scope of this investigative consumer report.

Signature of applicant:

Date:

DRUG AND CONTROLLED SUBSTAND SCREEING 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 the P.A.S.P.B. for its use. I understand that any positive result may preclude my consideration in this application.

Signature of applicant:

Date:

Deadline is **February 15, 2011**. 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.

Return Application to:
 PAsPB
 PO Box 1123
 Midland, TX 79702-1123

For additional information please contact
 Ryan Simpson
 (432) 683-7443
 schpchair@paspb.org