

INSTRUCTIONS FOR THE CLAY FORD SCHOLARSHIP APPLICATION

Disbursements of funds are contingent on an appropriation from the Legislature. If an applicant has attended a non-accredited institution, the applicant must show acceptance into a graduate degree program at an accredited institution. Applications must be postmarked by **June 1st** of the year in which the scholarship will apply. Checks are normally mailed in **September** and **January**. They will be sent to the educational institution and will be made payable to the educational institution (see Rule 61H1-38.005(2), F.A.C.).

APPLICATION CHECKLIST	
<input type="checkbox"/>	Clay Ford Scholarship Application
<input type="checkbox"/>	Your most recent official college or university transcripts
<input type="checkbox"/>	Registrar's Certification (provide to your school's Registrar's Office)
<input type="checkbox"/>	Financial Aid Certification (provide to your school's Registrar's Office)
<input type="checkbox"/>	A 500 word essay on what your life goals are and how this scholarship will help you achieve them
<input type="checkbox"/>	Federal Student Aid (FAFSA) Student Aid Report (SAR)

Eligibility Criteria:

- Scholastic ability and performance (including the intention of sitting for the CPA exam)

Eligibility Questions

Answer

Do you have a financial need? (as calculated through completion of FAFSA application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a minority person as defined in Section 288.703(4) F.S., listed below? Minorities are defined in Section 288.703(4), F.S. as a lawful, permanent resident of Florida who is:	
<ul style="list-style-type: none"> a) An African American, a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin. b) A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race. c) An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands before 1778. d) A Native American, a person who has origins in any of the Indian Tribes of North America before 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services. e) An American woman. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident of Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed, or are you in the final semester of completing, 120 semester hours or 180 quarter hours of study at a regionally accredited college or university and are you either in the process of matriculation into, or have applied for entrance into, a program of higher learning at a regionally accredited college in Florida that will result in the completion of at least thirty (30) semester hours in excess of that required for a baccalaureate degree? Note: Any program meeting this definition must be configured such that successful completion of the program will qualify a candidate to take the CPA examination in Florida under the provisions of Chapter 473, F.S. and the rules promulgated thereto.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed the FAFSA application and been assigned an Expected Family Contribution (EFC) number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you written your Essay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your undergraduate grade point average at least a 2.5 on a 4.0 scale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in good academic standing as defined by your college or university?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of good moral character as defined by Section 473.308(6)(a), F.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having completed 24 semester hours in upper-division accounting courses, to include Auditing, Cost/Managerial Accounting, Taxation, and Financial Accounting pursuant to Rule 61H1-27.002(3), F.A.C.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having completed 24 semester hours in general business administration to include three (3) semester hours business law.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Submit your application, the registrar's form, the financial aid form, official transcripts, your 500-word essay, and a copy of your Student Aid Report together in one envelope to the following address:

Florida Board of Accountancy
Attn: Clay Ford Scholarship
240 NW 76th Drive, Suite A
Gainesville, FL 32607

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).



FLORIDA BOARD OF ACCOUNTANCY CLAY FORD SCHOLARSHIP FOR 5TH YEAR ACCOUNTING STUDENTS

This program exists to provide scholarships to minority accounting students and to provide financial assistance for the fifth year of an accounting education. Awarding of scholarship monies has no bearing on the eligibility to sit for the CPA examination or become licensed as a Florida Certified Public Accountant. All applicants must be enrolled as a full-time student in their fifth year of an accounting education program as defined in Chapter 473.3065, F.S.

APPLICANT INFORMATION		
Fill out each section completely. Note: a social security number is required.		
Social Security Number*	Are you a permanent Florida resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FULL LEGAL NAME		
Do not use any nicknames, aliases, or initials.		
Last Name	First	Middle
Birth Date (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Phone Number	Fax Number	
Email Address		

*The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Under which of the following minority designations do you qualify: (Check one)
<input type="checkbox"/> An African American, a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin. See Chapter 288.703(4)(a), F.S.
<input type="checkbox"/> A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race. See Chapter 288.703(4)(b), F.S.
<input type="checkbox"/> An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands before 1778. See Chapter 288.703(4)(c), F.S.
<input type="checkbox"/> A Native American, a person who has origins in any of the Indian Tribes of North America before 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services. See Chapter 288.703(4)(d), F.S.
<input type="checkbox"/> An American woman. See Chapter 288.703(4)(e), F.S.

What is your cumulative grade point average?	
Have you completed 120 semester hours or 180 quarter hours of study at a regionally accredited college or university?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered no to the previous question, when will you complete 120 semester hours or 180 quarter hours of study at a regionally accredited college or university?	Date (MM/YYYY)

Are you currently enrolled in your fifth year of an accounting education program at an institution in this state approved by the Board rule?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide the name and address of your school.				
Institution Name		City	State	Zip
If no, when do you anticipate enrolling into your fifth year of an accounting education program?			Date(MM/YYYY)	
Are you a full-time student?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
When do you expect to complete either your 3/2 bachelor/master program or graduate program in accounting?			Date(MM/YYYY)	
What is your Financial Aid Expected Family Contribution (EFC) number?				

Do you plan on taking the CPA Exam?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, When (MM/YYYY)?
If no, please explain:			

BACKGROUND QUESTION

Use caution when answering the background question. Unless your records have been sealed or expunged, you are required to answer "Yes" to this question if you have ever been convicted or found guilty of a crime. Additionally, if you plead no contest or guilty to a crime, even if the adjudication was withheld by the court, you are still required to answer "Yes" to this question. Your answer to this question may be checked against local, state and federal records. Failure to answer this question accurately may result in the denial or revocation of your application. If you do not understand the background question, consult with an attorney or contact the department. If answering yes to this question, please include separate statement giving full details.

Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, to a crime in any jurisdiction, or are you currently under criminal investigation?

This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying expunged or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR APPLICATION. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

YES NO

APPLICATION CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief, and to the best of my knowledge and belief I am eligible for a minority scholarship under the criteria set forth in Chapter 473.3065, F.S. Additionally, I am a person of "good moral character," having a personal history of honesty, fairness, and respect for the rights of others and for the laws of this state and nation.

Signature:

Date:

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
 (First and Last Name) (Name of Institution)

To release information to the Florida Board of Accountancy regarding the cost of attendance, enrollment information and financial information.

REGISTRAR'S CERTIFICATION (To be completed by Registrar's office)**Student Information**

Fill out each section completely.

Student ID Number	Permanent Florida resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Last Name	First	Middle Initial	Suffix
Birth Date (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		

Ethnic Origin of Student (Select one)

- An African American, a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin. See Chapter 288.703(4)(a), F.S.
- A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race. See Chapter 288.703(4)(b), F.S.
- An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands before 1778. See Chapter 288.703(4)(c), F.S.
- A Native American, a person who has origins in any of the Indian Tribes of North America before 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services. See Chapter 288.703(4)(d), F.S.
- An American woman. See Chapter 288.703(4)(e), F.S.

Enrollment Status

- | | |
|---|--|
| <input type="checkbox"/> Enrolled Full Time | <input type="checkbox"/> In Good Academic Status |
| <input type="checkbox"/> Enrolled Part Time | <input type="checkbox"/> Not In Good Academic Status |

Return to student or mail to:

Florida Board of Accountancy
 Attn: Clay Ford Scholarship
 240 NW 76th Drive, Suite A
 Gainesville, FL 32607

**OFFICIAL
SEAL**_____
Institution Name_____
Signature of Program Officer_____
Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
 (First and Last Name) (Name of Institution)

To release information to the Florida Board of Accountancy regarding the cost of attendance, enrollment information and financial information.

FINANCIAL AID CERTIFICATION (To be completed by Financial Aid office)**Student Information**

Fill out each section completely.

Student ID Number	Permanent Florida resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Last Name	First	Middle Initial	Suffix
Birth Date (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		

FINANCIAL INFORMATION

Estimated Annual Cost of Attendance (COA):	Student's Expected Family Contribution (EFC):
Financial Need(COA – EFC):	
Has this student previously received funding through the Clay Ford Scholarship program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what amount did the student receive? \$	
In which degree program is the student enrolled?	<input type="checkbox"/> Acct Undergraduate <input type="checkbox"/> Acct 3/2 <input type="checkbox"/> Acct Graduate
Student's Overall GPA on a 4.0 Scale:	
Is the Student in Good Academic Standing as defined by the College or University?	<input type="checkbox"/> YES <input type="checkbox"/> NO

What address should we mail scholarship checks to?	Who should we contact at the school if we have any questions?
Name of Institution	Name
Street Address or Post Office Box	Telephone Number
City, State and Zip Code	Email Address

Return to student or mail to:

Florida Board of Accountancy
 Attn: Clay Ford Scholarship
 240 NW 76th Drive, Suite A
 Gainesville, FL 32607

Financial Aid Office Certification

I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

OFFICIAL
SEAL

 Institution Name

 Signature of Program Officer

 Date