

**Application form for Accounting Scholarships**

**Print this file; complete all required parts of the application;  
submit the application to:**

**Dr. Charles Kile, chair  
Room N412  
Scholarship and Awards Committee  
Department of Accounting  
Business & Aerospace Building  
Middle Tennessee State University  
Murfreesboro, TN 37132**

**The purposes, criteria and minimum qualifications for each  
scholarship are provided on the accounting website.**

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**Part 1. Personal Identification Information**

**Please select the scholarship for which you are applying:**

- The Accounting Alumni Day MS Scholarship**
- The Wink Midgett Accounting Scholarship**
- The W. Wallace Robertson Scholarship**

**Applicant Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Alternate Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Local Address** \_\_\_\_\_

\_\_\_\_\_

**Permanent Address** \_\_\_\_\_

\_\_\_\_\_



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**Part 3. Recommendation**

**Please have two different individuals complete the following recommendation forms on your behalf. Recommendations should consider your scholastic ability and your character. Please instruct the individuals to send confidential references directly to the scholarship committee.**

**Scholarship Merit Recommendation Form  
Department of Accounting  
Middle Tennessee State University**

**The person listed below has selected you as a reference for their consideration for an academic scholarship provided through the Department of Accounting and Middle Tennessee State University. Information in this reference will be kept confidential and will be used in determining the applicant's merit, with regard to the scholarship. Please provide a one or two page assessment of the applicant's scholastic ability and personal character. Please include an explanation of your relation to the applicant, the extent to which you know the applicant and any information that you deem appropriate for assisting the committee in assessing the applicant's scholastic potential. When you are finished, mail the reference directly to Dr. Charles Kile, chair; Awards and Scholarship Committee; Room N412; Department of Accounting; Business and Aerospace Building; MTSU; Murfreesboro, TN 37132. Thank you for taking time to assist us in our endeavor to identify qualified recipients for this award.**

**APPLICANT'S NAME** \_\_\_\_\_

**By signing below, I waive all rights to access the information contained in this reference.**

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

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**APPLICANT'S NAME** \_\_\_\_\_

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**Date** \_\_\_\_\_

