**JAJ logo 320 x 448.tif**

**MTSU Department of Accounting**

**Scholarship Application Form**

The purpose, criteria, and minimum qualifications for each accounting scholarship are provided on the Accounting Department website (<http://w1.mtsu.edu/accounting/scholarships.php>). By submitting this application, you will be considered for all scholarships for which you meet the criteria and minimum qualifications.

**The deadline for scholarship applications and supporting materials for the 2021-2022 academic year is February 17, 2021.** Print this file, complete all required parts, and distribute the attached reference forms as soon as possible.

Completed applications may be:

1. Dropped off in the Department of Accounting office (N425);
2. Scanned and e-mailed as a PDF file to Ms. Sara Musgrove at [Sara.Musgrove@mtsu.edu](mailto:Sara.Musgrove@mtsu.edu), or
3. Mailed to the following address:

Department of Accounting

Attn: Scholarships and Awards Committee

Box 50

Middle Tennessee State University

Murfreesboro, TN 37132

All scholarship recipients will be required to write a thank you note to the party that provided the funding for the award or scholarship. Details of this process will be communicated to scholarship recipients.

**Part 1. Personal Identification Information**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if school was: Public Private

Which of the following best describes you (please select one answer):

Asian or Pacific Islander Black or African American

Hispanic or Latino Native American or Alaskan Native

White or Caucasian Multiracial or Biracial

A race/ethnicity not listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Dates (semester and year):

Undergraduate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master of Accountancy Degree (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I am chosen to receive a scholarship or award, I agree to write a thank you note to the party that provided the funding for my award or scholarship.

Yes No (Please circle one.)

Signature Date

**Part 2. Personal Achievement and Goals Statement**

Please submit a printed statement of your personal goals and achievements that lists and describes any personal awards, achievements, and community and/or service activities that you would like the committee to consider. Include a statement of your career goals.

**Part 3. Military Service**

To be considered for the Yohan Abraham Scholarship, please complete the following.

Are you currently in the military (circle)? YES or NO Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a military veteran (circle)? YES or NO Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your answer to either of the previous two questions was ‘YES,’ please provide details about your service:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you participate in ROTC in high school or college? \_\_\_\_\_\_\_\_ If yes, please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4. Scholarships Received**

Please list **all scholarships** that you have been **awarded** for the 2021-22 academic year:

Scholarship Name Amount

(total for both semesters)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total $

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**Part 5. Financial Need**

**Financial need is considered when awarding some departmental scholarships, such as the Wink Midgett, Bill and Linda Mooningham, and W. Wallace Robertson Scholarships. Complete this section if you wish to be considered for scholarships that consider financial need.**

Please submit a statement explaining any unusual expenses and/or special circumstances that preclude or hinder your ability to pay for college expenses. Possible considerations include, but are not limited to, high medical or dental expenses, high levels of educational or other debt, childcare or elder care expenses, loss of employment, etc.

**Part 6. Resume**

Please include a copy of your resume.

**Part 7. Recommendations**

Please have two\* people submit a reference letter directly to the scholarship committee on your behalf. Sign and date the two\* reference letter forms (pages 4 and 5 of this document), and distribute one copy to each of your reference choices. The forms explain the purpose and confidentiality of the reference letter, the information to be included in the reference letter, and instructions for mailing or e-mailing the reference letter directly back to the MTSU Department of Accounting.

Please include contact information below for the individuals who will be completing your reference letters. While any references are acceptable, greater weight is placed on reference letters from MTSU Department of Accounting faculty and MTSU faculty in general.

\*If you are applying for only the Accounting Excellence Emerging Professional Award, just one reference letter is required. This letter must be from an MTSU Accounting professor. If you wish to be considered for all scholarships, two letters must be submitted.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reference #1: |  | Reference #2: |
|  | Name: |  | Name: |
|  | Address: |  | Address: |
|  |  |  |  |
|  | E-mail address: |  | E-mail address: |
|  | Phone Number: |  | Phone number: |
|  | Relationship: |  | Relationship: |

**(The reference letter request forms needed to complete Part 7 of this application follow.)**

**Scholarship/Award Recommendation Form**

**Department of Accounting**

**Middle Tennessee State University**

The person listed below has selected you as a reference as part of his/her application for a scholarship/award provided through the Middle Tennessee State University Department of Accounting. Information in this reference is confidential and will only be used in determining the applicant’s scholarship/award merit. Please provide a one- or two-page assessment of the applicant’s scholastic ability and personal character, which includes 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 scholarship/award merit.

Please e-mail your reference letter to [accounting@mtsu.edu](mailto:accounting@mtsu.edu) indicating “Scholarship Application Reference Letter” in the subject line or mail the completed reference letter directly to the following address:

Department of Accounting

Attn: Scholarship and Awards Committee

Box 50

Middle Tennessee State University

Murfreesboro, TN 37132

The deadline for submitting documentation to support a scholarship application is **February 17, 2021**, so your prompt attention to this matter is appreciated. Thank you for taking the time to assist us in our endeavor to identify qualified recipients for our scholarships.

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_