

# Independent Accountants Association of Illinois Scholarship Foundation

## Application for Scholarship

Directions: Send the following documents (separately or together) by **June 30, 2025** to Independent Accountants Association of Illinois Scholarship Foundation, PO Box 9140, Springfield, IL 62791-9140:

(1) this **Application**, (2) **Official Transcripts** from each college attended, and (3) a **Letter of Recommendation on school letterhead** from the head of the Accounting Department or Professor of Accounting at the college or university in which you are presently enrolled. Two scholarships of \$1,000 each will be awarded.

1. Name in Full \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Address at School \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

4. Father's Name and Address \_\_\_\_\_

\_\_\_\_\_

Father's Occupation \_\_\_\_\_

5. Mother's Name and Address \_\_\_\_\_

\_\_\_\_\_

Mother's Occupation \_\_\_\_\_

6. How do you currently pay for your education? (Due to how some institutions apply awards it has become necessary to include other scholarships, financial aid, loans and other monies and how they are applied.)

\_\_\_\_\_

\_\_\_\_\_

*(This information is for guidance only.)*

7.	College, Community College, Universities Attended	Major Field	Accounting Subjects	Overall Average in Degree Earned
	Universities Attended			
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

8. Please list other members of your family (parents, siblings, spouses and children) who are enrolled in a higher education institution, and how they fund their education \_\_\_\_\_

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

9. Educational institution in which you are presently enrolled \_\_\_\_\_

4-year school                      2-year school                      Full-Time                      Part-Time                      (Circle One)

Class you will be in Fall Semester 2019:    Senior                      Junior                      Sophomore                      (Circle One)

10. Anticipated Date of Graduation \_\_\_\_\_

11. Do you intend to continue your education at this institution?                      Yes    No                      (Circle One)

If not, where will you attend \_\_\_\_\_

12. Do you intend to pursue a major in accounting?                      Yes    No                      (Circle One)

Do you plan to enter the field of public accounting?                      Yes    No                      (Circle One)

13. Describe extra-curricular activities \_\_\_\_\_

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

14. List campus or other organizations, societies, etc. in which you hold membership \_\_\_\_\_

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

15. References, other than relatives. (*Name, address and occupation of each, please.*)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I affirm that all the statements made in this application are true to the best of my knowledge.

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

\_\_\_\_\_  
Date

# Independent Accountants Association of Illinois Scholarship Foundation

PO Box 9140 Springfield, Illinois 6279-9140  
(800) 222-2270    email: [illinoisaccountants@gmail.com](mailto:illinoisaccountants@gmail.com)