

Independent Accountants Association of Illinois Scholarship Foundation

Application for Scholarship

Directions: Send the following documents (separately or together) by **June 30, 2026** 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	Overall Average in Degree Earned
	Universities Attended Major Field	Accounting Subjects

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 2026: 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