

Wyoming Association of Public Accountants

SCHOLARSHIP APPLICATION FUND

For Wyoming Students Enrolled in the Pursuit of Accounting Education

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Scholarship Criteria:

1. Your application will be evaluated in part on how well you follow instructions when you complete this form.
2. All information provided by applicants will be considered confidential.
3. To receive WAPA Scholarship Funds, candidates must be Wyoming Residents enrolled or accepted by an accredited school within the State of Wyoming as full-time accounting or business related student carrying a minimum of 12 credit hours.

Application Deadline: **April 1**

Name in Full First, Middle, Last	
Present Address Street City, State, ZIP	
Phone Number	
Permanent Address Street City, State, ZIP	
Phone Number	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Wyoming Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Length of residency in Wyoming: _____ years	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Ages of children (if any)	
If married, Name of Spouse	
Spouse's Occupation	
Professional field you plan to enter	

Employer and Job Description	Full/Part-time	Dates of Employment

References

When you supply information requested below, you are giving the committee permission to contact your references.

Personal Character Reference
Address Street City, State, ZIP
Phone Number
Professional Reference
Address Street City, State, ZIP
Phone Number

Submit a brief paragraph giving your reasons for wishing to study in the professional field of accounting. (Example: When did you first become interested? What opportunities have you had to observe the practice of the profession?)

If your previous education has been interrupted because of illness, employment, finances, travel, etc., please explain.

Because competition for awards may be very great, in the question below it will be to your advantage to clarify the need for financial assistance as completely as possible:

Projected School Costs

Your school year is _____ Months _____ Quarters _____ Semesters	
Tuition	
Food and Housing	
Personal	
Books and Supplies	
Transportation	
Other Personal (Daycare, monthly payments, insurance)	

Your sources of financial support:

SOURCE	Approximate annual income of source, if applicable	Estimate amount of support in dollars you will receive from this source
Parent or Guardian		
Spouse		
Self		
Others (Financial Aid, Social Security, other scholarships, etc)		

Areas of your special interest and proven leadership ability:

List of other scholarships for which you have received or will receive:

STATEMENT OF APPLICANT

If I am granted a scholarship, it is my intention to complete the education program outlined. I agree to inform the Wyoming Association of Public Accountants Scholarship Fund immediately if I am no longer interested in preparing for the profession indicated or if my plans change. I also agree for WAPA to publish my name and awards in their material.

I agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Wyoming Association of Public Accountants Scholarship fund.

By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Scholarship and Financial Aid Office at LCCC to release any information that is applicable to this application.

Date

Submission Instructions

Submit application before **April 1**.

Please note the pop-up window that appears after you click Submit.

1. The window will ask you to select your e-mail client.
2. If you use Microsoft Outlook Express, Microsoft Outlook, Eudora or Mail, click "OK" in the pop-up window. The form will be e-mailed to us.
3. If you use any other client, such as Yahoo or Hotmail, choose "Internet Email," then click "OK."
 - The computer will save the form to your hard drive.
 - Open your e-mail account.
 - Attach the form to a message and e-mail it to FinancialAid@lccc.wy.edu.
4. Please contact Financial Aid at 307.778.1156 to make sure the form was received successfully.

SUBMIT

or

PRINT

and mail to: Laramie County Community College
Scholarship & Financial Aid Office
1400 E. College Drive
Cheyenne, WY 82007