



Uniform CPA Examination Award Program

This program, supported by the Hawaii Society of CPAs (HSCPA) Scholarship & Student Activities Fund, is intended to cover the National Association of State Boards of Accountancy (NASBA) fee (up to \$1,000) which is part of the cost of the CPA Exam. Successful candidates must demonstrate achievement as well as financial need.

Application:

- Must be a Hawaii resident currently attending an accredited Hawaii college or university
- Current or final cumulative GPA of 3.0 or higher
- Not be reimbursed for exam fees by an employer
- Must be majoring, or concentrating, in accounting and have completed an intermediate accounting course
- Complete Personal Essay
- School transcript

Eligibility (to redeem award):

- Candidate must be pre-approved to test by CPAES have a valid Notice to Schedule (NTS). Candidates receive an NTS after they apply to take an examination and are deemed eligible by the Hawaii state board of accountancy (through CPAES).
- Agree to sit for at least one part within six months of the date on the application approval letter from CPAES
- Provide proof of payment
- Candidate will be reimbursed subject to receiving above information and upon completion of all four parts of the exam

Note: Scholarships will only be given to individuals one time, but can be applied for by both first-time and re-examination candidates.

<http://www.cpa-exam.org>



UNIFORM CPA EXAMINATION SCHOLARSHIP APPLICATION

DATE _____

PERSONAL

NAME (PRINT)	LAST	FIRST	MIDDLE	M / F
				GENDER
ADDRESS		CITY	STATE	ZIP
TELEPHONE NO.		E-MAIL		
DATE OF BIRTH	SOCIAL SECURITY NO.		MUST BE U.S. CITIZEN	

EDUCATION

COLLEGE / UNIVERSITY ATTENDING	DATE ENTERED	EXPECTED GRADUATION DATE
MAJOR(S)	EXPECTED DEGREE(S)	
GRADE POINT AVERAGE (AS OF APPLICATION DATE)	TOTAL ACCOUNTING CREDITS (CURRENT SEMESTER)	
SEM/TERM: / CUMULATIVE:		
<input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	<input type="checkbox"/> This will be the first time I will sit for the exam. <input type="checkbox"/> I am a re-examination candidate.	

EMPLOYMENT

EMPLOYER (PRINT)	FULL TIME	PART-TIME
ADDRESS	CITY	STATE ZIP
TELEPHONE NO.	E-MAIL	
<input type="checkbox"/> My employer WILL reimburse me for CPA exam expenses. <input type="checkbox"/> My employer WILL NOT reimburse me for CPA exam expenses.	<input type="checkbox"/> I am UNSURE of my employer's policy regarding CPA exam expenses.	

ACADEMIC BACKGROUND

UNDERGRADUATE

College/University	Overall GPA	Major GPA	Degree(s)	Graduation Date/ Anticipated Date

GRADUATE

College/University	Overall GPA	Major GPA	Degree(s)	Graduation Date/ Anticipated Date

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PERSONAL ESSAY

Please briefly outline your plans and timetable for sitting for the CPA exam.

Explain your financial need and how this assistance would benefit you – 200 words or less.

Return this application and other required documentation by **January 31** to:

Hawaii Society of CPAs
Scholarship Review Committee
P.O. Box 1754
Honolulu, HI 96806

