

CAROLINAS COUNCIL
**Institute of Management
Accountants**
2020 SCHOLARSHIP
APPLICATION

Date _____

I. PERSONAL INFORMATION

Name _____

Current Address _____

Permanent Address _____

Current Phone _____ Home Phone _____

E-Mail _____

II. EDUCATIONAL EXPERIENCE

School _____

Current Status: Full Time Student _____

Years attended _____ Expected Date of Graduation _____

Major Field of Study _____

Cumulative G.P.A.: Major _____ Overall _____

Transfer information where applicable:

School _____

Years attended _____ Major Field of Study _____

Cumulative G.P.A.: Major _____ Overall _____

III. ACTIVITIES AND AWARDS

List Organizations, Committees, and Special Activities that you have participated in and any awards or special recognition that you have received. Specify any offices that you have held.

IMA Member Number _____

Do you plan to pursue the CMA, or other professional certification? _____

IV. CAREER OBJECTIVES

Please write a paragraph addressing career objectives, why you are applying for this scholarship and why you merit the scholarship award. *(Please use another sheet if required)*

V. EMPLOYMENT AND OTHER INFORMATION

Describe any other pertinent information you wish the Scholarship Committee to know including internships and work experience.

VI. LETTERS of RECOMMENDATION

Submit two letters of recommendation. - MUST INCLUDE AT LEAST ONE LETTER OF RECOMMENDATION FROM ACCOUNTING PROFESSOR OR OTHER FACULTY MEMBER. (Please be sure Letters include contact information)

VII. TRANSCRIPT

Attach a current transcript, including transfer GPA where applicable. Include transcripts from all applicable institutions.

Signature of Applicant

To submit your application:

Please scan all pertinent information in an email to the Carolinas Council. Carolinas Council email address is carolinas@imacouncil.org

Subject line should read : **IMA Scholarship Application**