



## Institute of Management Accountants Scholarship Criteria for Applicants

Student applicants meeting the following criteria and completing the application will be considered for a scholarship award from the Ohio Council of The Institute of Management Accountants (IMA).

1. Applicant must be a U.S. citizen or permanent resident.
2. Applicant must be a full-time student at an Ohio college or university that is accredited by a regional accrediting association. Applicants must have a minimum of 2.75 GPA and MUST major in accounting. If the applicant does not believe his/her GPA accurately reflects his/her scholastic capability and achievement, a separate sheet may be attached explaining the discrepancy.
3. Applicant must have a minimum of two academic semesters or one year left to complete his/her degree from the time the scholarship is awarded in April.
4. Applicant must write a one to two page, typed essay outlining his/her career goals and why he/she feels membership in the Institute of Management Accountants would enhance his/her career goals. In addition, applicant must outline the benefits of obtaining the Certified Management Accountant (CMA) certification.
5. Applicant may include a brief paragraph explaining school and/or community activities in which he/she is involved.
6. Applicant may include a brief paragraph describing any honors and awards that he/she has received.
7. Applicant must provide a letter of reference from a professor or internship advisor.
8. Applicant must attach a resume. The resume should reflect what he/she would present to a prospective employer.
9. Applicant must attach an official transcript from his/her college/university.
10. Applicant must sign, date and return the application to Robin Schade, 19253 Rashell Drive, Walton Hills, OH 44146. The application, along with all attachments, must be RECEIVED no later than 6 p.m. on Monday, March 15, 2010.
11. If chosen, the applicant MUST attend the 36th Annual Meonske Conference held at Kent State University on Thursday, April 29, 2010. In addition, the applicant must make a one-year commitment to maintain member in the Institute of Management Accountants and attend at least two functions through a local chapter to receive professional guidance and support.

# Institute of Management Accountants Scholarship Application

## **Personal Information**

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

E-Mail:

\_\_\_\_\_

## **Permanent Address**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Permanent Phone:

\_\_\_\_\_

## **Campus or Temporary Address**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Campus or Temporary Phone:

\_\_\_\_\_

Preferred Mailing Address (circle one):

Permanent

Campus or Temporary

## **Academic Profile**

College/University Name:

\_\_\_\_\_

Classification (i.e. freshman, sophomore etc.):

\_\_\_\_\_

Major:

\_\_\_\_\_

Expected Graduation Date:

\_\_\_\_\_

Expected Degree:

\_\_\_\_\_

Grade Point Average (as of January 1, 2010)

\_\_\_\_\_

Major:

\_\_\_\_\_

Overall:

\_\_\_\_\_

Scale:

\_\_\_\_\_

**Name of other Colleges/Universities attended**

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|        |            |
|--------|------------|
| School | City/State |
|--------|------------|

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|                |                    |
|----------------|--------------------|
| Years attended | Certificate/Degree |
|----------------|--------------------|

**APPLICANT'S STATEMENT**

**In submitting this application, I hereby certify that:**

1. I have met ALL requirements as outlined and acknowledge that misrepresentation of the information presented may be grounds to rescind the scholarship award. I also agree to inform the scholarship committee of any significant changes to that information.
2. I understand that by signing and submitting this application I agree to a minimum 1-year IMA membership.
3. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, and/or required materials only.
4. I agree to the release of official transcripts of my grades to the Ohio Council of The Institute of Management Accountants.
5. If I am awarded a scholarship, I will provide satisfactory evidence, as required by IMA, of my full-time enrollment during the period(s) for which the scholarship is awarded.
6. If I am awarded a scholarship, I understand that I am required to attend 36<sup>th</sup> Annual Meonske Professional Development Conference at Kent State University (April 29, 2010) to accept the scholarship award.
7. I understand that if completion of my studies is planned for the middle of the academic year (i.e. a December graduate), I will receive 50% of the scholarship award.
8. I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all Ohio Council IMA publications.

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|-------------------|------------------|-------------|
| <b>Print Name</b> | <b>Signature</b> | <b>Date</b> |
|-------------------|------------------|-------------|