



**M.A.P.A.**  
**Maine Association of Professional Accountants**  
**2019/20 Academic Year Scholarship Application**

**Requirements to Apply for the M.A.P.A. Scholarship**  
**Must be a resident of the State of Maine and at least a first semester Sophomore.**

**A. Personal Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Street City State Zip

Temporary School Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Phone during School Year \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**B. Enrollment Information**

College or University Attending \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ GPA Overall \_\_\_\_\_ GPA Accounting \_\_\_\_\_

**As part of this application, you must submit a current Unofficial College Transcript**

Please check **all** that apply (both columns):

\_\_\_\_\_ Full-time enrollment \_\_\_\_\_ Sophomore  
\_\_\_\_\_ Part-time enrollment ( \_\_\_\_\_ # of credits planned per semester) \_\_\_\_\_ Junior  
\_\_\_\_\_ Senior

**C. Applicant Information**

Single \_\_\_\_\_ Married \_\_\_\_\_ Were you claimed on your parent's tax return as a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spousal Annual Income \$ \_\_\_\_\_

Number of Children \_\_\_\_\_

**D. Parent's Information**

Father's Occupation \_\_\_\_\_ Current Annual Income \$ \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Current Annual Income \$ \_\_\_\_\_

If there is additional information relevant to parents' income you believe the Association should be aware of, please indicate:

\_\_\_\_\_  
\_\_\_\_\_

Number of brothers or sisters currently attending college Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**E. Your Estimated Annual Sources of Funds Available and School Expenses**

*Annual Sources for Current School Year*

Personal Income from Employment \_\_\_\_\_  
 Loans \_\_\_\_\_  
 Grants & Scholarships (explain in detail) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Family contribution (allowances, etc.) \_\_\_\_\_  
 Interest on savings accounts, dividends  
 on stocks, income from trust fund(s) \_\_\_\_\_  
 Other funds (gifts, etc.) \_\_\_\_\_

**Total Funds Available \$** \_\_\_\_\_

*Annual Expenses For Current School Year*

Tuition \_\_\_\_\_  
 Books \_\_\_\_\_  
 On/Off Campus Housing \_\_\_\_\_  
 Transportation Cost to/from School \_\_\_\_\_  
 List any other expenses incurred for school:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Annual Expenses \$** \_\_\_\_\_

If working, type of position and number of hours  
 During School Year \_\_\_\_\_

During Vacations or Summer Break \_\_\_\_\_

**F. Personal Statement**

1. Are you currently pursuing a major in accounting? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you plan to enter the field of accounting? Yes \_\_\_\_\_ No \_\_\_\_\_

(Attachments are acceptable)

3. Why have you chosen the accounting field?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What are your future goals?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. Past and Present Extracurricular Activities (High School, College, Community)**

1. Please list all academic and non-academic activities, clubs, and organizations to which you belong/have belonged. Also, list all leadership positions held and indicate whether or not you are still an active member.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please list any volunteer activities. Include estimated hours, level of responsibility, skills, and benefits to others.

---

---

---

---

3. Please list any honors, recognitions and awards you have received.

---

---

---

---

4. Describe any circumstances other than those already included in this application which should be considered by the Association in evaluating this application: (attach separate sheet if necessary)

---

---

---

---

**H. Certification**

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for scholarships.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note:**

Please be sure to complete all sections of this form and return it by November 17, 2019 to:

Kevin Brunelle, CPA  
452 Roosevelt Trail  
Windham, ME 04062

[kevin@millikenperkins.com](mailto:kevin@millikenperkins.com)