

SOUTHEAST TEXAS CHAPTER OF TEXAS SOCIETY OF CPAS

STUDENT SCHOLARSHIP

2025-2026 ACADEMIC YEAR

Scholarship Overview: The Southeast Texas Chapter of TXCPA Student Scholarship provides financial assistance to junior, senior, Master of Science in Professional Accounting, and certificate students who plan to become Certified Public Accountants and enter the accounting profession.

Award Information: Award amounts may vary, and scholarships may be awarded annually at the discretion of the Scholarship Committee. Decisions will be announced before the chapter's springtime luncheon at Lamar.

Deadline: Received by Friday, March 7, 2025.

Questions: Please contact southeasttexas@tx.cpa.

Eligibility Requirements: Eligible applicants must satisfy all the prerequisites listed below.

1. Be a TXCPA Student Member by March 7, 2025.
2. Be a junior or senior accounting major/graduate/certificate student in accounting attending Lamar University for fall 2025, planning to become a Certified Public Accountant and entering the accounting profession upon graduation.
3. Completed Intermediate Accounting I with a "B" or higher on the first attempt.
4. Have a minimum 3.0 GPA in Accounting courses.
5. Be a U.S. citizen or permanent resident (green-card holder).

Optional but suggested:

6. Community involvement.
7. Participation in Southeast Texas Chapter of TXCPA activities.

Application Materials: Complete and eligible applications will include the materials listed below, emailed in PDF format.

1. A typed, completed application.
2. Unofficial cumulative college transcript(s) through the end of the fall 2024 semester, to include credit hours earned from all colleges and universities and cumulative GPA.
3. A typed, one-page letter that describes yourself and why you want to become a CPA.

Application Submission: All application materials must be emailed in PDF format to the Chapter at southeasttexas@tx.cpa by Friday, March 7, 2025.

Incomplete or late applications will not be considered.

APPLICATION

Southeast Texas Chapter of Texas Society of CPAs Student Scholarship 2025-2026 Academic Year

Please type using black type

1. NAME: _____
Last
First
Middle or Maiden
Student ID

2. CURRENT ADDRESS: _____
Street or P.O. Box
Apartment Number

City
State
Zip Code
Daytime Phone Number
Email Address

3. PERMANENT ADDRESS (IF DIFFERENT):

Street Address or P.O. Box
Apartment Number

City
State
Zip Code
Daytime Phone Number
Email Address

EDUCATIONAL INFORMATION

4. UNIVERSITY: _____

5. CLASSIFICATION AT END OF FALL 2024 SEMESTER:

Junior
Senior
Master's in Accounting
Certificate in Professional Accounting

6. TOTAL CREDIT HOURS EARNED THROUGH FALL SEMESTER 2024

CUMULATIVE G.P.A.
ACCOUNTING COURSES G.P.A

7. DEGREE PROGRAMS ENROLLED: _____

EXPECTED GRADUATION DATE: _____ 9.

DEGREE(S) EARNED: _____ DATE: _____

8. PROVIDE UNOFFICIAL TRANSCRIPTS FROM ALL COLLEGES AND UNIVERSITIES ATTENDED.

STUDENT'S NAME: _____

9. LIST PRINCIPAL COMMUNITY SERVICE AND SOUTHEAST TEXAS CHAPTER OF TXCPA ACTIVITIES, EXTRACURRICULAR ACTIVITIES, ORGANIZATIONS (INDICATE WHETHER SOCIAL, ACADEMIC OR SERVICE), COLLEGE HONORS, LEADERSHIP POSITIONS. PROVIDE RESUME OR ADDITIONAL SHEET IF NECESSARY.

ACCOUNTING RELATED EMPLOYMENT INFORMATION

10. PLEASE PROVIDE CURRENT OR MOST RECENT INTERNSHIP OR ACCOUNTING RELATED EMPLOYMENT INFORMATION BELOW. PROVIDE A FULL RESUME IF APPLICABLE.

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ TELEPHONE: _____

NATURE OF WORK: _____ EMPLOYED FROM: _____ TO: _____

11. LIST OTHER SCHOLARSHIPS RECEIVED FOR THE 2025-2026 ACADEMIC YEAR

12. DESCRIBE YOUR PLANS AFTER GRADUATION

STUDENT'S NAME: _____

THIS APPLICATION WILL BE FOR USE BY THE SOUTHEAST TEXAS CHAPTER OF TXCPA ONLY AND IS NOT TO BE TRANSFERRED TO ANY THIRD PARTIES, IN COMPLIANCE WITH TEXAS OPEN RECORDS LAW AND FEDERAL EDUCATION RIGHTS AND PRIVACY ACT OF 1974.

BY MY SIGNATURES ON THIS APPLICATION AND ACCOMPANYING LETTER, I HEREBY STATE THAT I MEET ALL OF THE REQUIREMENTS FOR SCHOLARSHIP RECIPIENTS LISTED ON PAGE ONE OF THIS APPLICATION, AND THAT ALL INFORMATION GIVEN IS CORRECT AND COMPLETE. I GIVE THE SOUTHEAST TEXAS CHAPTER TXCPA AUTHORITY TO CONTACT ANY INSTITUTION, COMPANY OR INDIVIDUAL I HAVE NAMED TO CONFIRM THAT THE FACTS STATED ARE ACCURATE, OR FOR PURPOSES OF GENERAL REFERENCE. IF I AM SELECTED AS A RECIPIENT OF A SCHOLARSHIP, I HEREBY GRANT PERMISSION TO THE SOUTHEAST TEXAS CHAPTER TXCPA TO PUBLICIZE MY SELECTION. I FURTHER ACKNOWLEDGE AND AGREE THAT ALL DECISIONS OF THE SOUTHEAST TEXAS CHAPTER TXCPA WITH REGARD TO ELIGIBILITY AND/OR SCHOLARSHIP AWARDS ARE FINAL AND I AGREE TO ABIDE BY ANY SUCH DECISIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

Email all application materials in PDF format by **March 7, 2025** to:
southeasttexas@tx.cpa

**All applicants are subject to review by the Accounting Department Chair at Lamar University to ensure student is currently enrolled and in good standing.*