

2020 Scholarship Application

Association of Government Accountants



Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Academic Information

Select current education enrollment:

High School Student

Undergraduate Student

Graduate Student

Select current enrollment year:

Freshman

Sophomore

Junior

Senior

When do you expect to graduate (Month & Year)? _____

What is, or will be, your declared major? _____

Current Cumulative Grade Point Average (On a 4-point scale): _____

Please tell us about your extracurricular activities, including any offices held. Also, please list any honors you have received in high school/college. If you need more space, there is an additional blank page at the end of the application.

Employment or Volunteer History

Please include information for only the last five years. There is space for three different work experiences and there is a blank page at the end of the application if additional info is needed.

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title: _____

Period of Service (Months & Years): _____
(Ex: July 2018 – December 2019)

Position Type: Full-time Part-time Volunteer

Duties Performed:

Employment or Volunteer History (Cont.)

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title: _____

Period of Service (Months & Years): _____

Position Type: Full-time

Part-time

Volunteer

Duties Performed:

Employment or Volunteer History (Cont.)

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title: _____

Period of Service (Months & Years): _____

Position Type: Full-time

Part-time

Volunteer

Duties Performed:

AGA Membership

Are you an AGA Member? Yes No If yes, chapter name: _____

Do you know any current AGA members? Yes No

If yes, name and relationship to you: _____

Checklist and Signature

Have you submitted the following?

Official Transcript: Yes No

Required Essay: Yes No

Professional Letter of Recommendation: Yes No

By typing your name below, you acknowledge that all information provided is accurate and that you accept the decision of the Greater Columbus Chapter Committee as final.

Signature of Applicant: _____ Date: _____

Email application, Essay, Letter of recommendation and Transcript to:

Greatercolumbusaga@gmail.com

For mailing hard copy transcript to:

Greater Columbus AGA Chapter

Attn: Benjamin Thayer

PO Box 13556

Columbus, OH 43213

Only completed applications submitted by April 13, 2020 will be considered.

Additional Information