

**National Association of Black Accountants, Inc.
Dallas/Fort Worth Chapter,
Southern Methodist University (SMU), and
The University of Texas at Dallas (UTD)**

Accounting Career Awareness Program

A Career Development Program for All Ethnic Minority High School Students



"Lifting As We Climb"



2012 APPLICATION PACKAGE

**Summer Residency Program
June 17- 22, 2012**

At

**Southern Methodist University, Dallas, TX (Juniors, Seniors)
The University of Texas at Dallas (Freshmen, Sophomores)**

Application Deadline: April 13, 2012

APPLICATION

**Accounting Career Awareness Program
A Summer Residency Program
June 17- 22, 2012**

Each high school student (Freshman, Sophomore, Junior, or Senior for school year 2011-2012) must submit this application, a current copy of your academic transcript, and at least two counselor/teacher letters of recommendation postmarked by April 13, 2012 for consideration. NO EXCEPTIONS. This application is also available on our website at www.nabdfw.org.

PLEASE COMPLETE THIS APPLICATION BY TYPING OR PRINTING IN BLACK OR BLUE INK.

Name: _____

First

Middle initial

Last

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Number: _____

Email Address: _____

Current Grade Level: _____ Sex: ()M ()F Grade Point Average (GPA): _____

(Freshman, Sophomore, Junior, or Senior)

(Minimum of 3.0 required)

High School Name: _____

Ethnic Background (**check one**):

() African American () Hispanic () Native American () Asian () Other (Specify): _____

Name and title of school official sending transcript:

Contact Number: _____ Email Address: _____

MAIL APPLICATIONS TO THE FOLLOWING ADDRESS:

Accounting Career Awareness Program

Attn: Maria Bean, CPA

P. O. Box 1787

Dallas, Texas 75221

Telephone: 214-529-1834; maria.bean22@yahoo.com

STUDENT STATEMENT OF INTEREST

Please write and attach a brief statement (at least 100 words) as to why you should be considered for the **Accounting Career Awareness Program (ACAP)**. Additionally seniors, if you are selected to participate, you will have an opportunity to compete for cash scholarships, if you qualify. Your information will be used for future promotion, recruitment, and assessment of the program **ONLY** if you are selected.

Student's Signature Date

Parent's/Guardian's Signature Date

AWARDS AND ACTIVITIES

Please list any organizations or extracurricular activities of which you are a member (indicate offices held), community, school and/or religious involvement, and any honors you have received.

SCHOLASTIC AWARDS: (i.e. History Award, Trustee Award, etc.) **#OF YRS INVOLVED**

ATHLETIC ACTIVITIES AND AWARDS: **#OF YRS INVOLVED**

OTHER EXTRACURRICULAR ACTIVITIES, AWARDS, OR HONORS:

**#OF YRS
INVOLVED**

_____	_____
_____	_____
_____	_____
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