Accounting **C**areer **A**wareness **P**rogram

Summer Residency Program

"Lifting As We Climb"

2009 Application Package
July 19th – July 24th 2009
University of Minnesota, Minneapolis Campus

ADVANTAGES OF PARTICIPATING

- Scholarship opportunity - If you are selected to participate, you will have an opportunity to compete for scholarships.
- Mentoring and networking opportunities with business professionals and fellow students
- Community involvement through a service project

Application Deadline: May 30th 2009

A Career Development Program for Minority High School Students

ACCOUNTING CAREER AWARENESS PROGRAM

A Summer Residency Program
July 19th – July 24th 2009

APPLICATION

This application, a current copy of your academic transcript and at least two counselor/teacher letters of recommendation must be postmarked by May 30th 2009

Mail the application to: **Nana Ahwoi, Project Manager**
Accounting Career Awareness Program
Attn: ACAP NABA Minneapolis/St Paul Chapter
2908 W 60th ST, Minneapolis, MN 55410
Telephone: 612-371-8608

A. PLEASE COMPLETE THE APPLICATION BY TYPING OR PRINTING USING BLUE OR BLACK INK.

Student Name_____
First Middle initial Last

Address:_____

City_____ State _____ Zip_____

Home Telephone:_____ Cell Number:_____ Email Address:_____

Current Grade Level:_____ Sex: ( )M ( )F Grade Point Average (GPA____)
(Must be incoming Sophomore, Junior, or Senior)

Ethnic Background (you must check one only):

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

School Name:_____

School Counselor:_____ Telephone #:_____

Email Address:_____

Accounting / Business Teacher's name:_____ Telephone #:_____

Email Address:_____

Name and title of school official sending transcript: _____

Contact Number_____ Email Address:_____

B. STUDENT STATEMENT OF INTEREST

Please **type and attach** a brief statement (at least 100 words) as to why you should be considered for the **Accounting Career Awareness Program (ACAP)**.

C. USE OF INFORMATION

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

D. 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**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

AWARDS AND ACTIVITIES (continued)

OTHER EXTRACURRICULAR ACTIVITIES, AWARDS, OR HONORS: **#OF YRS INVOLVED**

_____ _____

_____ _____

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