

PENNSYLVANIA SOCIETY OF  
**TAX & ACCOUNTING  
PROFESSIONALS**



LEVERAGE THE POWER OF SMALLER PRACTICES™

BUXMONT CHAPTER

APPLICATION FOR SCHOLARSHIP 2024 ACADEMIC YEAR

EMAIL:MBANYAICPA@GMAIL.COM

To qualify for this scholarship, student applicant must have a permanent residence in either Rucks or Montgomery County, Pennsylvania, and be a full time student entering their Junior or Senior year (including 4th and 5th year Seniors) in the fall of 2024. In addition, applicant must be a declared Accounting Major with a "B" or better cumulative & Accounting grade point average. **This scholarship is based on merit.**

An **OFFICIAL** transcript from each college, junior college or university attended must be submitted to the Buxmont Chapter with completed application.

Attach a brief essay of approximately 150 words explaining why accounting is your profession of choice.

Attach an additional sheet to detail your participation in College Activities, Elected Positions, Special Honors, Awards, Community Activities and/or accomplishments.

Attach a SIGNED letter of recommendation from one of your Accounting professors/instructors.

Send this completed application and all supplemental documents (transcripts, essay, activities and letter of recommendation) to the **Pennsylvania Society of Tax & Accounting Professionals, Buxmont Chapter, Attention: Marilyn Banyai, CPA, Chairperson, 975 School Street, Collegeville, PA 19426.**

Completed application must be received by the Buxmont Chapter no later than Friday, May 3 2024

Scholarship recipients will be notified in June 2024, and awarded at the June 25, 2024 Chapter Meeting.

**IMPORTANT: Failure to attach transcripts, essay, activities and signed letter of recommendation, along with completed application will disqualify application from consideration of a scholarship.**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (INITIAL)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: (\_\_\_\_) - \_\_\_\_\_ EMAIL \_\_\_\_\_

COLLEGE(S) OR UNIVERSITY ATTENDED OR ATTENDING (Use additional sheet if needed.)

-----				Attended from	-----	to	-----
(School Name)	(Street Address)	(City)	(State)		mo/yr		mo/yr
-----				Attended from	-----	to	-----
(School Name)	(Street Address)	(City)	(State)		mo/yr		mo/yr
ACADEMIC MAJOR		-----		OVERALL GPA	-----		
		-----		ACCOUNTING GPA	-----		

I affirm that all the statements made in this application are true to the best of my knowledge.

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

\_\_\_\_\_  
Date