

The Tennessee Society of CPAs
Presents the
Ninth Annual Accounting Academy

July 18-21, 2010
Belmont University, Nashville
Application Deadline: April 16

ELIGIBILITY REQUIREMENTS:

High school students residing in the state of Tennessee who are scheduled to complete their junior or senior year of high school in May or June 2010.

SELECTION PROCESS:

Students will be selected based on their academic record and extracurricular activities. Grade point averages, PSAT and SAT/ACT scores will also be considered. One letter of recommendation is required from either a teacher or guidance counselor. The letter should be returned with all four completed pages of this application. Incomplete applications will be disqualified. Please do not include transcripts or additional materials beyond what is requested. **The application deadline is April 16. Students will receive letters of acceptance or regret on or before May 21.**

First Name: _____ Middle: _____ Last: _____ Age: _____

Preferred Name: _____ Birth Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

High School: _____ City: _____

Current Grade level: (circle one) JUNIOR SENIOR

Gender: (circle one) MALE FEMALE

T-Shirt Size: (circle one) S M L XL

Have you applied for/attended this program before? (circle one) Applied Attended

Educational plans beyond high school: _____

Extracurricular Activities: _____

Honors/Awards: _____

Mail completed application, including all four pages and a letter of recommendation by April 16 to:
Tennessee Society of CPAs
201 Powell Place
Brentwood, TN 37027
Phone: 615/377-3825 or 1-800/762-0272
Fax: 615/377-3904

STUDENT INFORMATION AND CONSENT
TSCPA's Ninth Annual Accounting Academy
July 18-21, 2010 Belmont University, Nashville
Application Deadline: April 16

Please write in 50 words or less how you think this program will benefit you.

TERMS & CONDITIONS:

- It is the understanding that students are guests of the Tennessee Society of CPAs and Belmont University and agree to stay on campus during their visit.
- Students agree to live in the dorms and eat all meals on campus.
- Students agree to obey the lights-out policy of 11 p.m., which will be enforced at all times.
- Drugs, tobacco and alcohol are not permitted on university property.
- **A \$25 refundable security deposit will be due upon acceptance to the program. Please do not send payment with this application.**
- Student and parent consent to the release of academic information to the Tennessee Society of CPAs.

STUDENT CONSENT:

I do hereby agree to the terms and conditions associated with participating in the program. I understand that if for any reason the Tennessee Society of CPAs or Belmont University deems it necessary to send me home for being unable to fulfill my agreement, my parent/guardian will be notified.

Student Signature

Date

Mail completed application, including all four pages and a letter of recommendation by April 16 to:
Tennessee Society of CPAs
201 Powell Place
Brentwood, TN 37027
Phone: 615/377-3825 or 1-800/762-0272
Fax: 615/377-3904

PARENT/GUARDIAN CONSENT
TSCPA's Ninth Annual Accounting Academy
July 18-21, 2010 Belmont University, Nashville
Application Deadline: April 16

I do hereby give my permission for _____ to travel to Nashville and participate in the Tennessee Society of CPAs' Accounting Academy program to be held at Belmont University, July 18-21, 2010. I have discussed the responsibilities and duties of participation with my child, and he/she is aware of his/her obligation to follow all the rules of the Accounting Academy program. I understand that if my child is terminated from the program early, I agree to provide the necessary transportation at my expense.

I hereby voluntarily waive any claim against the Tennessee Society of CPAs and/or Belmont University. Any accident or other situation that may arise or occur in connection with travel to or from, attendance at, or participation in this program, from the time of his/her departure from home until his/her return thereto shall be exempted of all recourse.

Should my child require medical treatment or hospitalization for any accident or illness during the program, the attending physician and/or hospital is authorized to treat my son/daughter. I will release all such diagnostics and treatment information as may be necessary to complete any insurance claims.

Parent/Guardian Signature

Date

Mail completed application, including all four pages and a letter of recommendation by April 16 to:
Tennessee Society of CPAs
201 Powell Place
Brentwood, TN 37027
Phone: 615/377-3825 or 1-800/762-0272
Fax: 615/377-3904

GUIDANCE COUNSELOR INFORMATION
TSCPA's Ninth Annual Accounting Academy
July 18-21, 2010 Belmont University, Nashville
Application Deadline: April 16

This section is to be completed by the student's guidance counselor and returned to TSCPA with all other application materials.

Counselor: _____ E-mail Address: _____	
High School: _____	Phone: _____
Address: _____	
Student Name: _____	
Student Grade Point Average: _____ Scale: _____ Class Rank: _____ of _____	
If no class rank available, please indicate: (circle one) Top 50% Bottom 50%	
PSAT Scores: _____ SAT Scores: _____ ACT Scores: _____	
Current Grade level: (circle one) JUNIOR SENIOR	
Has the student ever been suspended? YES NO	
Counselor's Signature: _____ Date: _____	

LETTER OF RECOMMENDATION

One recommendation letter is required from a guidance counselor or teacher. Please attach a separate letter of recommendation on why the student would be an asset to the TSCPA Accounting Academy program, or you may write in the space provided below.

Mail completed application, including all four pages and a letter of recommendation by April 16 to:
Tennessee Society of CPAs
201 Powell Place
Brentwood, TN 37027
Phone: 615/377-3825 or 1-800/762-0272
Fax: 615/377-3904