

TXCPA Dallas 12400 Coit Road, Suite 750 Dallas, Texas 75251 Telephone: (972) 960-8311

www.tx.cpa/Dallas

# TXCPA Dallas Scholarship Program Honoring Philip Vogel

#### **Guidelines and Instructions**

TXCPA Dallas promotes accounting as a career choice. An important component of this mission is to provide financial support to senior and graduate accounting students at local universities who plan to become active CPAs in the Dallas chapter area<sup>1</sup>.

In 1988 the Dallas CPA Society (now TXCPA Dallas) and Philip Vogel & Company PC (now Carr Riggs & Ingram) established the Dallas CPA Society Scholarship Fund in memory of the Vogel firm's founder and chairman. At the time of his death, Phil was President-elect of the Dallas CPA Society and would have served as President in 1989-90. The Dallas CPA Society Scholarship Program is now the TXCPA Dallas Scholarship Program, but it is still an expression of our deep appreciation for the many contributions of Philip Vogel.

Over the last 35 years, approximately 160 outstanding students have been selected by the TXCPA Dallas Scholarship Committee to receive over \$270,000 in scholarships. This program is made possible by the generous donations of hundreds of our members over the years.

To be considered for a scholarship, a student must:

- Attend one of the following Dallas area colleges or universities: Southern Methodist University, Texas A & M-Commerce, University of North Texas or the University of Texas at Dallas.
- Be a U.S. citizen.
- In fall of 2024, be a senior accounting major or a graduate student in accounting, with a minimum of 15 accounting credit hours through Fall 2023. Applicants may be full-time or part-time students.
- Applicants must have the intent of becoming a Certified Public Accountant and entering the accounting profession upon graduation.
- Have a minimum accounting GPA of 3.5.

Submit the following to the Scholarship Committee, TXCPA Dallas, 12400 Coit Road, Suite 750, Dallas, TX 75251 to be received by 4:00 p.m. on May 31, 2024:

- A typed or neatly printed application, signed by the chairperson of the university's accounting department.
- Electronic copy of application, emailed to scholarship@txcpadallas.cpa
- An up-to-date resume or CV
- A letter addressed to the Scholarship Committee, TXCPA Dallas, explaining your need for the scholarship, why you want to become a CPA and your plans after graduation.
- Official cumulative college transcript(s) through the end of the Fall 2023 semester, to include credit hours earned from all colleges/universities and cumulative GPA. A separate official transcript must be provided for each school attended.
- Spring 2024 grades (unofficial University grade report or official University transcript acceptable).

### INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

This application will be for use by TXCPA Dallas only, and is not to be transferred to any third parties, in compliance with Texas Open Records law and federal education rights and privacy act of 1974.

If you would like to receive more information on joining TXCPA Dallas as a student member, please call (972) 960-8311 or go to www.tx.cpa/membership/become-a-member.

<sup>&</sup>lt;sup>1</sup> The TXCPA Dallas area includes the following counties: Collin, Cooke, Dallas, Delta, Denton, Ellis, Fannin, Grayson, Hopkins, Hunt, Kaufman, Lamar, Navarro, Rockwall

Student's Name:	

# **TXCPA Dallas Scholarship Program**

(Please type or print in black ink.)

1.	Name:			
	Last		First	Middle or Maiden
2.	Are you a U.S	S. citizen? 🗖	Yes 🗖 No 3. Email A	ddress:
4.	Current Addı	ress:		
		Street Ad	dress or P.O. Box	Apartment Number
	City	State	Zip Code	Telephone Number
5.	Permanent Ad	ldress (if differ	ent):	
			Street Address or P.O. Box	Apartment Number
	City	State	Zip Code	Telephone Number
Ed	ucational I	nformatio	n	
8.	University:			
9.	Classification	n as of End of	Spring 2024 Semester (Che	ck One): □Senior □Graduate Student
10.		•	through Fall 2023 from <u>all</u> co ade report for Spring Semest	er 2024.
11.	Degree(s) So	ught:		
	Expected Gra	aduation Date	2:	
	Degree(s) Ea	rned:		Date(s):
12.	Total Credit I	Hours Earned	Through Fall Semester 2023	3:
	Cumulative A	Accounting G.	P.A. (Fall 2023):	
	Total Credit I	Hours Earned	During Spring Semester 202	24:
	Spring 2024	Accounting G	.P.A.:	

13. List accounting courses completed (through Spring 2024) and grades received, in the order taken:

Course Name	Course Number	Grade	Credit Hours	Grade Points
otal accounting hours				
Accounting GPA				

14.	Total credit hours	s (including all subj	ects) for which you ha	ve been or will be enrolled during t	he following
	semesters:				
	Summer 2023:	Fall 2023:	Spring 2024:	Summer 2024:	

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15. List additional accounting courses planned (undergraduate and graduate), including the school you plan to attend and planned timing of completion:

Course name	Course Number	Credit Hours	School	Semester
Total hours planned				
Plus: hours already completed (from a	bove)			
Number of accredited accounting hou degree time	rs at			

16.	List principal extracurricular activities, organizations (indicate whether social, academic or service), college
	honors and leadership positions. Attach additional sheet if necessary.

# **Employment**

17.	Expected income, Summer	2024 thro	ugh Spring semester 2	025: \$
18.	Give employment history. (I most recent job. Attach add		•	including internships, beginning with
	Employer:			Supervisor:
	Company Address:			Telephone:
	Dates Employed: From	to	Email Address:	
	Nature of Work:			
	Employer:			Supervisor:
	Company Address:			Telephone:
	Dates Employed: From	to	Email Address:	
	Nature of Work:			
	Employer:			Supervisor:
	Company Address:			Telephone:
	Dates Employed: From	to	Email Address:	
	Nature of Work:			
	Employer:			Supervisor:
	Company Address:			Telephone:
	Dates Employed: From	to	Email Address:	

Nature of Work:

### **Financial Information**

Lender

19. List all current and previous college scholarships awarded (if any) with most recent listed first.

Name of Scholarship and	d Organization Awarding Scholarship	Total Dollar Amount	Period(s) Covered
Name of Scholarship and	d Organization Awarding Scholarship	Total Dollar Amount	Period(s) Covered
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Name of Scholarship and	d Organization Awarding Scholarship	Total Dollar Amount	Period(s) Covered
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Name of Scholarship and	d Organization Awarding Scholarship	Total Dollar Amount	Period(s) Covered
Name of Scholarship and	d Organization Awarding Scholarship	Total Dollar Amount	Period(s) Covered
List outstanding stu	dent loans, if any:		
Lender	Due Date	Dollar Amount Out:	standing
Lender	Due Date	Dollar Amount Out:	standing
Lender	Due Date	Dollar Amount Outs	standing
Lender	Due Date	Dollar Amount Outs	standing
Lender	Due Date	Dollar Amount Out:	standing
Lender	Due Date	Dollar Amount Out:	standing
Lender	Due Date	Dollar Amount Out:	standing

Due Date

**Dollar Amount Outstanding** 

# References

Name	Relationship to Applicant	Daytime Telephone Number
Occupation	Name of Company (If Applicabl	e)
Complete Mailing Address of R	reference or Firm	Email
Name	Relationship to Applicant	Daytime Telephone Number
Occupation	Name of Company (If Applicabl	e)
Complete Mailing Address of R	deference or Firm	Email
Name	Relationship to Applicant	Daytime Telephone Number
Occupation	Name of Company (If Applicabl	e)
Complete Mailing Address of R	eference or Firm	Email
cussion		
Write a paragraph on ho	w you plan to be involved in TXCPA Dall	as after graduation. Attach
additional sheet if necess	sary.	

24. Please list three references we may contact, giving full name, occupation, complete mailing address and a

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Title\_\_

Email\_\_\_\_

scholarship recipients listed on page one of this complete. I give TXCPA Dallas authority to conto confirm that the facts stated are accurate, or recipient of a TXCPA Dallas Scholarship, I hereb	nying letter, I hereby state that I meet all of the requirements for application, and that all information given is correct and stact any institution, company or individual I have named for purposes of general reference. If I am selected as a by grant permission to TXCPA Dallas to publicize my ed a scholarship, I may be required to provide my Social ses.		
Signature of Applicant	Date		
As chairman of the department of accounting (or	comparable title), I hereby nominate this student for a		
TXCPA Dallas Scholarship, and acknowledge that this student is currently enrolled and in good standing:			

Name\_\_\_\_\_\_Date\_\_\_\_\_

\_\_\_\_University \_\_\_\_\_\_

\_\_\_\_\_Telephone \_\_\_\_\_\_

Student's Name: