

CPAEF Master's Degree Bursary Application

Purpose

The CPAEF Education Foundation has established a fund to assist CPABC members in financial need who have been accepted into a Masters of Business Administration program or other fields of study related to accounting at a recognized university and who have an intent to teach in academia.

Procedures

This form should be completed and submitted with a **transcript of marks of undergraduate degree or professional certification, evidence of acceptance into the Master's degree program, a letter of academic reference, and a covering letter** to the CPA Education Foundation of BC.

The covering letter should include an explanation of your reason for requesting financial assistance, including any extenuating short- or long-term circumstances. Additionally, you should indicate your career goals and give an estimate of the time required for you to obtain your degree.

We are currently developing a more streamlined submission process. In the interim please follow the steps outlined below.

Step 1

Complete, save, and name all your application documents, i.e. this application form and any required supporting documents, in the following format:

[First Name] [Last Name]_[Award Name]_[File type (for example, Application Form or Cover Letter)]

Step 2

Upload your application form, along with supporting documents, to:

Link: <https://files.bccpa.ca/url/n5rbcniwnahqinqb>

Password: e4ipkfbm

An "Upload complete" message will be displayed once your files have been uploaded. Please note that you will not receive a confirmation email of your upload.

The CPAEF will review all the applications received and award monies to those applicants with limited resources, special needs or disadvantaged circumstances.

Questions? Email cpaef@bccpa.ca

Personal Information

Last Name _____

First Name _____

Member Number _____

E-mail _____

Home Telephone _____

Business Telephone _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Work history for the past five years (indicate employer, position, nature of duties and duration of employment).

Financial Information

| | Individual | Total Household |
|---|--|-----------------|
| Income for the last twelve months | \$ _____ | \$ _____ |
| Expected income for next twelve months | \$ _____ | \$ _____ |
| Does your employer support your studies financially? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, advise the amount of reimbursement anticipated. | \$ _____ | |

Scholarships, bursaries or other financial prizes or awards received in the last three years.

| Sponsor | Date | Amount |
|---------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Dependants: Please list by relationship all those people who are completely or partially dependent upon your support.

Community Activities

Please list the organizations to which you currently belong and briefly describe the nature of your involvement.

I hereby certify that the information given on this form and in any attached documents is true, correct and complete.

Signature of Applicant

Date