## PAUL HAGELBARGER MEMORIAL FUND SCHOLARSHIP APPLICATION

Name			
Date of Birth			
Mailing Address (include zip code ar	nd phone number):		
School			
Home			
Have you ever received other schola If yes, list the source and amount of			No
Resident of Alaska: Yes	No	If yes, since	
Currently enrolled at (year) with a	(school) and exp	pecting to graduate in degree in	(month) (major).
Credit hours earned to date: Credit hours currently enrolled: Grade point average:		Accounting	
Briefly explain your educational goal If you are a part-time student, please expected graduation date.			udies by your
Briefly explain your career goals (att	ach pages if necessa	ury):	
Briefly explain your financial need in	cluding present empl	oyment, if any (attach pages	s if necessary):
Attach your transcript.			
Attach a letter or resume that include employment highlights, and any other			s, accomplishments,
Attach two letters of reference, one	of which must be fron	n one of your accounting pro	fessors.
Signature: Date:			

Please return applications to the Alaska Society of CPAs 2600 Cordova Street, Suite 211 Anchorage, Alaska 99503

Application Deadline: November 20th