



FALL 2009

FL INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS SAILFISH SCHOLARSHIP AWARD
TREASURE COAST CAMPUS, FLORIDA ATLANTIC UNIVERSITY

APPLICATION

RETURN TO: Florida Atlantic University, Treasure Coast Campus
Office of Student Services, JU 113
500 NW California Blvd.
Port St. Lucie, FL 34986

Name: _____

Z# _____ SS#: _____

Home Address: _____
(Number and Street)

(City) (State) (Zip)

County of Residence: _____

E-Mail Address: _____

Home Phone Number: (____) _____ - _____

May we publicly announce your name if you are a recipient? Yes No

Are you a past recipient of this scholarship? Yes No

Requirements Attached:

Personal Statement Unofficial Transcripts

I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.

Applicant's Signature

Date