

**Donald E. Martinez Endowed Scholarship in Accounting**  
Southeastern Louisiana University College of Business  
Scholarship Application

**Criteria:**

- \* Must have achieved a 3.0 or higher GPA.
- \* Must be majoring in Accounting.
- \* Preference will be given to a student who expresses their interest in tax.
- \* Must be enrolled full-time.
- \* Must include a copy of their resume.
- \* This application may not be submitted electronically.

**Retention:** The student may retain the scholarship eight semesters as long as the criteria are met.  
**The number of students this scholarship should be awarded to is 1.**

Information to be completed by all applicants:

1. Name: \_\_\_\_\_  
W#: \_\_\_\_\_ . Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Current classification:
  - A. Freshman (have earned less than 30 credit hours) \_\_\_\_\_
  - B. Sophomore (have earned 30-59 credit hours) \_\_\_\_\_
  - C. Junior (have earned 60-89 credit hours) \_\_\_\_\_
  - D. Senior (have earned more than 90 credit hours) If a Senior, expected graduation date \_\_\_\_\_
  - E. MBA student \_\_\_\_\_
3.
  - A. Are you a transfer student? \_\_\_\_\_
  - B. If so, how many credit hours have you earned at Southeastern? \_\_\_\_\_
4. Current status:
  - A. Full-time \_\_\_\_\_  
(Undergraduate taking 12 or more credit hours)  
(Graduate taking 9 or more credit hours)
  - B. Part-time \_\_\_\_\_
5. Major: \_\_\_\_\_
- 6A. Cumulative GPA \_\_\_\_\_      6B. Hours completed/transferred: \_\_\_\_\_

7. Please describe financial need.

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8. What are your academic plans over the next two years at Southeastern?

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9. What are your employment goals after graduation?

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10. Please describe your focus area in Accounting (especially if it relates to tax accounting).

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**Additional information:**

1. Have you fully completed the above application? (incomplete applications will not be considered)
2. Did you attach a copy of your resume?

To the best of my knowledge and belief, there is no reason that would prevent my being eligible to receive the above-named scholarship. The College of Business, its Scholarship Committee, and its faculty and staff, have my permission to share my academic information and documents with the University Financial Aid Office, the Southeastern Development Foundation, governmental and university auditors and representatives of the donor for purposes of verifying my eligibility for this scholarship. I understand that in order to receive this scholarship, I must enroll at Southeastern Louisiana University and continue to meet all scholarship guidelines.

**I have read and accepted the above statement and understand that incomplete applications will not be considered.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Scholarship Applications are to be submitted to:

College of Business- Dean's Office  
SLU 10735  
Southeastern Louisiana University  
Hammond, LA 70402

Applications may be submitted to the Dean's Office in person, sent to my campus mail address, or submitted via USPS.