**COPAS OF NEW ORLEANS AWARD  
APPLICATION FORM**

(To be completed by the student applying. Please type responses.)

**Name**  Click here to enter text. **Phone** Click here to enter text.

**Mailing Address**  Click here to enter text. **City** Click here to enter text. **State** LA **Zip**

**Is your legal domicile in Louisiana?** Choose an item

**High School** Click here to enter text. **Year Graduated** Click here to enter text.

**College or University where you are currently enrolled** Click here to enter text.

**Academic Classification** Choose an item. **Expected Graduation Date** MM/YY  
**Grade point average (scale of 4.00):** Overall GPA GPA Accounting GPA GPA

**Campus organizations in which you are currently active:**

Click here to enter text.

**Work experience and community involvement during college (including positions held):**

Click here to enter text.

**Awards, Scholarships and Recognition received as a student:**

Click here to enter text.

*Additional Comments (Optional) – Please attach a separate sheet*

Signature of accounting department faculty sponsor (must not be the same person as the Chair or Dean who will be submitting the application)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title Date