

ACAP

Accounting Career Awareness Program

Summer Residency Program



“Lifting As We Climb”

2020 Application Package

Program Dates: June 21, 2020 - June 26, 2020

Application Deadline: Friday, January 31, 2020

**A Career Development Program for Minority High School
Students**

ACCOUNTING CAREER AWARENESS PROGRAM

Summer Residency Program

APPLICATION

This application, a current copy of your academic transcript and at least two counselor/teacher letters of recommendation must be received by application date on the first page of this application.

Scan the application, recommendation letters and transcripts to: **acapphiladelphia@gmail.com**

PLEASE COMPLETE THE APPLICATION LEGIBLY BY TYPING OR PRINTING USING BLUE OR BLACK INK.

Name: _____
Last First Middle initial

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Parent's Name: _____ Parent's Email Address: _____

Parent's Telephone: _____ Parent's Work number: _____

Current Grade Level: _____ Sex: ()M ()F

Grade Point Average GPA: _____

Have you previously applied for the ACAP Program? ()Yes ()No

If yes, what year did you apply? _____

Special Accommodations (i.e. Ramadan): _____

Referred by: _____

School Name: _____

Ethnic Background (you must check one only):

() African American () Hispanic () Caucasian
() Native American () Asian () Other (Specify): _____

Name and title of school official sending transcript:

Phone: _____

STUDENT STATEMENT OF INTEREST

Please write and attach a brief statement (100 words or less) as to why you think you will benefit from the Accounting Career Awareness Program.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Student's Signature

Date

Parent's/Guardian's Signature

Date

ACCOUNTING CAREER AWARENESS PROGRAM

AWARDS AND ACTIVITIES

Please list any organizations or extracurricular activities of which you are a member (indicate offices held), community, school and/or religious involvement, and any honors you have received.

Yrs. Involved: _____

Award/Activities/Honors

ACAP CONTACT INFORMATION

For any additional information please contact the people listed below:

Christina Smiley – *ACAP Chair*
acapphiladelphia@gmail.com
(267) 481-5486

ACAP WebSite:

<http://www.nabaphilly.org/acap>

ACAP Facebook: ACAP Philly

ACAP Youtube Video:

<https://www.youtube.com/watch?v=ouTpgyQVQUY&feature=youtu.be>