

**NABA-NNJ**

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Serena Enniss, MST

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Prudential Financial, Inc.

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Ernst & Young LLP

New Jersey Society of

Certified Public Accountants

Verizon

Johnson & Johnson

American Institute of Certified Public Accountants

**Organization Members:**

Shanna Francois, CPA

C. Daniel Stubbs, CPA

Anissa Crump – TCNJ Student

Melissa Marshall \_ TCNJ Student



P.O. Box 1091 • Newark, New Jersey 07101

www.nabannj.org/ACAP

ACAP@nabannj.org

Dear Student:

ACAP offers students the opportunity to virtually attend programs introducing opportunities for careers in Accounting and Business sponsored by the Northern NJ Chapter of NABA (National Association of Black Accountants). This letter is to encourage you to apply for the ACAP program offered online this upcoming summer. **Please apply for this program if you will have ready access to a computer, laptop, or tablet with a strong internet connection.**

The ACAP 2021 summer program will still consist of workshops, lectures, and a group project contest. The program will be held from Monday, June 28, 2021 through Thursday, July 1, 2021. The students chosen for the program are fully sponsored by our members and partner organizations who cover all program expenses for the entire week.

ACAP is designed to help you in three ways:

1. To provide information on careers in accounting and business.
2. To provide information for your personal development.
3. To encourage you to prepare for college.

After completing the week you are considered an ACAP Alumnus. As an ACAP alumnus, you will be part of a network that offers opportunities to participate in a mentoring program and to apply for college scholarships, internships and part-time employment. All ACAP graduates are encouraged to participate in our alumni program and to use the network in furthering their education and career goals.

Here is what you must do to apply:

1. Have a GPA of 3.0 or higher on a 4.0 scale,
2. Complete the online or enclosed application, with the student statement of interest,
3. Current 9th, 10th or 11th graders,
4. Submit approval from your Parent/Guardian,
5. Obtain recommendations from your Teachers and/or Counselors,
6. Obtain an official copy of your high school transcript, and
7. Submit all your information by mail or e-mail to the addresses above by **February 28, 2021**

Good luck to you!

Sincerely,

*Serena Enniss, MST*

Serena Enniss

ACAP Executive Director

This information page is also available online at [www.NABANNJ.org/ACAP](file:///C%3A%5CUsers%5Cserena%5CDownloads%5Cwww.NABANNJ.org%5CACAP).

**ACCOUNTING CAREER AWARENESS PROGRAM**

**ACAP Summer Program**

**June 28th, 2021 – July 1st, 2021**

# APPLICATION

Email the application to: acap@nabannj.org

### For paper applications, mail the application to:

###  Accounting Careers Awareness Program

 P.O. Box 1091

 Newark, New Jersey 07101

## This application, Student Statement of Interest, copy of applicant’s transcript & the recommendation must be **received or postmarked** by **February 28, 2021.**

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic background (you must check one only):

 ( ) African American ( ) Hispanic/Latino ( ) Native American

 ( ) Other Asian ( ) Other\_\_\_\_\_\_\_\_\_\_

Information on high school you are attending:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: ( ) M ( ) F Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about ACAP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you applied to ACAP before: ( ) Yes ( ) No

Please circle your T-shirt size: S M L XL XXL

**ACCOUNTING CAREER AWARENESS PROGRAM**

**ACAP Summer Program**

**June 28th, 2021 – July 1st, 2021**

#### **STUDENT STATEMENT OF INTEREST**

1. Please attach a brief statement (150 words or less) as to why you should be considered for acceptance into the ACAP (Accounting Career Awareness Program).

**HIGH SCHOOL AWARDS AND ACTIVITIES**

1. College enrichment programs (i.e., Upward Bound, Outreach) Date(s)

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1. Honors and Awards (i.e., Academic Awards) Date(s)

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1. Extracurricular and Athletic Activities Date(s)

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1. Hobbies and Interests

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 Student’s Signature Date

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 Parent’s/Guardian Signature Date

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 Printed Parent’s/Guardian Name

**ACCOUNTING CAREER AWARENESS PROGRAM**

**TEACHER/COUNSELOR RECOMMENDATION**

**June 28th, 2021 – July 1st, 2021**

## **Must be received or postmarked by February 28, 2021**

**PLEASE COMPLETE THE RECOMMENDATION BY TYPING OR PRINTING. SIGNATURE AND CONTACT INFORMATION MUST BE PROVIDED ON THIS FORM.**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate why you feel the student will benefit from the Accounting Career Awareness Program.

(Attach statement if additional space is needed)

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#### B. Please provide any additional information you feel is pertinent in describing the applicant.

 (Attach statement if additional space is needed)

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 Signature

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 Please Print Name Telephone Number Date

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 Print Title Print email

**\* Email addresses and telephone numbers are mandatory. This is how we will communicate with the student, the parent, teacher and/or the counselor. Please print legibly.**