

**COPAS OF NEW ORLEANS AWARD  
APPLICATION FORM**

**(To be completed by the student applying. Please type or print in ink.)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Is your legal domicile in Louisiana? Yes \_\_\_\_\_ No \_\_\_\_\_

Educational institution (College or university) where you are currently enrolled

\_\_\_\_\_

Current academic classification \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Grade point average (scale of 4.00):

Overall \_\_\_\_\_

Accounting Courses \_\_\_\_\_

Campus organizations in which you are currently active \_\_\_\_\_

\_\_\_\_\_

Work experience and community involvement during college (including positions held) \_\_\_\_\_

\_\_\_\_\_

Awards, scholarships and recognition received during college \_\_\_\_\_

\_\_\_\_\_

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)

\_\_\_\_\_