What is ACAP?

The Accounting Career Awareness Program (ACAP®) is an innovative career development program designed specifically for minority students who are entering their sophomore, junior and senior years in high school. Its primary objective is to increase the number of high school students from under-represented ethnic groups to attend college and major in accounting. During a four-day long summer camp program, students have the opportunity to explore opportunities and challenges in accounting, finance, and business via a rigorous case study project, which includes college-level content and valuable networking opportunities. ACAP® introduces minority high school students to accounting, finance, economics, technology, and management while providing the foundation of financial literacy and the development of interpersonal skills.

Prominent business leaders share their knowledge, skills, and tips for success as they share educational opportunities. Students experience accounting first-hand through tours of local certified public accounting firms and companies in the private sector. The program concludes with a recognition luncheon where students share their case study outcome to their parents, speakers, and corporate partners.

ACAP® is a unique pipeline from high school to college that allows students to become prepared and informed about the expectations of college life. The program is fully supervised and all-expenses-paid. Students selected will receive free tuition, room and board, books, materials, tools, and mentoring opportunities.

ACAP has served as a turning point in the academic lives of thousands of high school students, motivating them to pursue a higher education while influencing them to major in accounting, finance, and business concentrations.

How Can I Participate?

Please complete the attached application and email to:

ACAPapplicationcenter@gmail.com

OR complete the online application by going to the following link:
Online 2017 NABA Indy ACAP Application: https://goo.gl/forms/896UcJLGpygbUV122

OR, complete the attached standard application and return to (allow 5 business days for delivery):

NABA Indianapolis Chapter
Attn: ACAP Program
PO Box 2631
Indianapolis, IN 46206

**Application Deadline is Saturday, April 29, 2017**

For more information or to confirm receipt of the e-application, please contact April Lilly- Ervin at April.C.Lilly-Ervin@us.pwc.com
Accounting Career Awareness Program
STUDENT APPLICATION

This application, transcripts, and at least one counselor/teacher letters of recommendation, and media release must be received, Saturday, April 29, 2017.

Email to: ACAPapplicationcenter@gmail.com

Mail to: NABA Indianapolis Chapter
Attn: ACAP Program
PO Box 2631
Indianapolis, IN 46206

**Please allow 5 business days for delivery**

PLEASE COMPLETE THE APPLICATION BELOW (PLEASE TYPE or PRINT LEGIBLY).

Name: ____________________________________________________________________________
Last, First, Middle Initial

Address: __________________________________________________________________________

City: __________________________ State: ________ Zip________________

Telephone: ____________________ E-mail: ____________________________________________

Sex: ( ) M ( ) F

School Name______________________________________

Address __________________________________________

Phone ____________________________________________

Current Grade Level: ____________ Grade Point Average (GPA) : ______ (Minimum of 2.5)

Ethnic Background (choose one):
( ) African American ( ) Hispanic ( ) Caucasian ( ) Native American ( ) Asian ( ) Other __________

Parent/Guardian Name: ____________________________________________________________

Parent/Guardian Address: __________________________________________________________

Parent/Guardian Email Address: ____________________________________________________

______________________________________________________________________________

Student’s Signature ___________________________ Date ____________________________

Parent’s/Guardian’s Signature ___________________________ Date __________________________

Printed Parent’s/Guardian’s Name ___________________________ Daytime Phone Number ______

Emergency Contact Telephone Number______________________________
STUDENT STATEMENT OF INTEREST
Please type an essay (minimum 150 words) explaining why you think you will benefit from the Accounting Career Awareness Program (Please attach or upload essay):

AWARDS AND ACTIVITIES
SCHOLASTIC AWARDS
Academic Awards
Number of Years
______________________________________________________ ______________________
______________________________________________________ ______________________
______________________________________________________ ______________________

Extracurricular Activities
(e.g. Student Clubs, Athletics, Volunteerism)
Number of Years
______________________________________________________ ______________________
______________________________________________________ ______________________
______________________________________________________ ______________________

TERMS & CONDITIONS FOR PARTICIPATION:

• It is the understanding that students are guests of the National Association of Black Accountants, Inc. and host university and agree that at no time will they leave the campus during their stay (this does not include the visits scheduled as group activities during the conference or in the case of an emergency.)
• In addition, students agree to eat all meals on campus, as they are provided by the university; and students will obey the lights out policy of 11:00 p.m., which will be enforced at all times.
• There is no smoking or alcohol or any form of drugs permitted on university property, and students agree to refrain from the use of such.
• It is understood that not all students who complete the registration form will be selected to participate in this program and agree to the decisions made by the National Association of Black Accountants, Inc. and the ACAP Board.
• It is understood that this is an educational opportunity and with it comes certain responsibilities. Students will conduct themselves in accordance with the terms outlined.

************************************************************************************

STUDENT CONSENT:

I do hereby agree to the terms and conditions associated with participating in the ACAP program and understand that if for any reason the National Association of Black Accountant, Inc. or host university deems it necessary to send me home for being unable to fulfill my agreement, I understand that my parent/guardian will be notified and I will comply with this action.

_________________________________________________________________ ____________________
Student Signature         Date

PARENTAL CONSENT:

I do hereby give my permission for __________________________________________ to participate in the ACAP-Indianapolis Program to be held at a University of Indianapolis, June 26 – June 29, 2017. I understand should my child be asked to leave the program prior to completion, I agree to provide transportation should it be necessary.

__________________________________________________________________ ___________________
Parent/Guardian Signature        Date
ACAP Media Release Form

Event Date 06 26, 2017 to 06 29, 2017

1) I, the undersigned, hereby authorize National Association of Black Accountants - ACAP to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions), during the course of the above event dates.

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by National Association of Black Accountants - ACAP (I understand that I may be identifiable from such photographic or electronic reproduction), during the course of the above event dates.

Agreed and accepted by:

Print Name __________________________________________

Title __________________________________________

Address __________________________________________

City, State, Zip __________________________________________

Phone __________________________________________

Signature & Date __________________________________________

I am signing this form as an individual DYes DNo

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, ________________________, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian ________________________ Date ________________________

Address of Parent/Guardian (if different) ________________________ Phone Number (if different) ________________________

City, State, Zip Code ________________________