The National Association of Black Accountants, Inc.  
Greater Indianapolis Chapter  

2019 SUMMER RESIDENCY PROGRAM  
Indiana University - Purdue University Indianapolis  
(IUPUI)  
July 7 - July 13, 2019
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.

ACAP® a week-long summer camp that 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, provide tips for success and discuss 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 for students, 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.

ACAP® has seen a substantial impact on alumni of the program. We are proud that 100% of the graduated seniors that have gone through the NABA Indy ACAP program have continued their education to the collegiate level. Of these students 90% have declared an accounting, financial, and/or mathematical major. We are certain that this positive impact will continue in years to come.

How Can I Participate?

ONLINE SUBMISSION
Please complete the online application by visiting the following link:

2019 ACAP e-App Link:  https://goo.gl/forms/qNvn23zW75WXyEHa2

EMAIL OR US MAIL SUBMISSION
Please complete the attached application and return to us using the instructions shown on the first page of the application.

For more information about the ACAP program, please visit www.indynaba.org or contact the NABA Indy ACAP Committee at ACAPapplicationcenter@gmail.com.
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Accounting Career Awareness Program

STUDENT APPLICATION

This application, transcripts, at least one counselor/teacher letter of recommendation, and media release must be received by, SATURDAY, JUNE 1, 2019.

Email to: ACAPapplicationcenter@gmail.com
OR
Mail to: NABA, Inc. of Greater Indianapolis
ATTN: ACAP Program
P.O. Box 2631
Indianapolis, IN 46206

**Please allow 2-5 business days for delivery**

PLEASE COMPLETE THE APPLICATION BELOW (Please type or print legibly).

Are you a returning ACAP student? ( ) Yes ( ) No

Student Name:
(Last, First, Middle Initial)

Address:

City: __________________________ State: __________ Zipcode: __________

Phone: __________________________ Email: __________________________

Type: ( ) Mobile ( ) Home

Gender: ( ) Male ( ) Female T-Shirt Size: ( ) Small ( ) Medium ( ) Large ( ) XL ( ) XXL

High School Name: ______________________________________

School Address: ______________________________________

School Phone: __________________________ Student Age: __________

Current Grade Level: __________________________ Grade Point Average (GPA): __________ (Minimum of 2.5)

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

Parent/Guardian Name: ______________________________________

Parent/Guardian Address: ______________________________________

Parent/Guardian Phone Number: ______________________________________

Type: ( ) Mobile ( ) Home ( ) Work

Parent/Guardian Email Address: ______________________________________
Accounting Career Awareness Program

STUDENT APPLICATION

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 include in mail packet or email to ACAPapplicationcenter@gmail.com.)

AWARDS AND ACTIVITIES

SCHOLASTIC AWARDS

Academic Awards

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EXTRACURRICULAR ACTIVITIES

(i.e. Student Clubs, Athletics, Volunteer Experience)

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REFERENCES

(i.e. Employers, Teachers, Counselors, Coaches, etc.)

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<th>Name(s)</th>
<th>Phone Number</th>
<th>Relationship to Student</th>
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Accounting Career Awareness Program
STUDENT APPLICATION

DEMOGRAPHIC INFORMATION

As NABA is a non-profit organization, the ACAP program would not be made possible without the sponsorship and contributions from Corporate Sponsors and grants received from other Charitable Foundations.

Several of these organizations are interested in and/or require the demographics of the students and families that participate in the ACAP program. These details provide them with a better and more detailed understanding of the families and communities that benefit from and are impacted by their support of the program.

As such, please complete the following sections to help us obtain more detailed demographic information:

Are the parents/guardians of the applicant legally married? ( ) Yes ( ) No

If you answered no the question above, does the applicant live in a single-parent household? ( ) Yes ( ) No

If a single-parent household, what is the gender of the single parent? ( ) Male ( ) Female

How many people are in the household, including parent(s)/guardian(s) and children?
( ) Two ( ) Three ( ) Four ( ) Five ( ) Six ( ) Seven or more

What is your gross annual household income?
( ) $0 - $15,000 ( ) $40,001 - $60,000 ( ) $80,001 - $100,000
( ) $15,001 - $40,000 ( ) $60,001 - $80,000 ( ) $100,001 or more

Parent/Guardian A Education Level
( ) No High School Diploma or GED ( ) High School Diploma or GED
( ) Some College (Not Graduated) ( ) Bachelor's Degree
( ) Master's Degree or Greater ( ) Other Certification

Parent/Guardian B Education Level
( ) No High School Diploma or GED ( ) High School Diploma or GED
( ) Some College (Not Graduated) ( ) Bachelor's Degree
( ) Master's Degree or Greater ( ) Other Certification
Accounting Career Awareness Program
STUDENT APPLICATION

TERMS & CONDITIONS FOR PARTICIPATION

It is the understanding that the students are guests of the Greater Indianapolis Chapter 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 program or in 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 11:00PM, 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 application will be selected to participate in this program and agree to the decisions made by the Greater Indianapolis Chapter of 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 Greater Indianapolis Chapter of the National Association of Black Accountants, 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.

☐ I, the below signed student, AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP terms and conditions listed above.

☐ I, the below signed student, DO NOT AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP terms and conditions listed above.

Student Signature: ________________________________ Date: ________________

PARENT/GUARDIAN CONSENT

I do hereby give my permission for the above signed student to participate in the ACAP Program to be held at the host university for the period of July 7 - July 13, 2019. I understand should my child be asked to leave the program prior to completion, I agree to provide transportation should it be necessary.

☐ I, the below signed parent/guardian, AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP terms and conditions listed above.

☐ I, the below signed parent/guardian, DO NOT AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP terms and conditions listed above.

Parent/Guardian Signature: ________________________________ Date: ________________
Accounting Career Awareness Program
STUDENT APPLICATION

ACAP MEDIA RELEASE FORM

PROGRAM DATES: July 7 - July 13, 2019

☑️ I understand that I may be identifiable from such photographic or electronic reproductions produced during the course of the above program dates.

☑️ 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 the Greater Indianapolis Chapter of the National Association of Black Accountants, Inc. during the above program dates.

☑️ I understand that I may be identifiable from such photographic or electronic reproductions produced during the course of the above program dates.

STUDENT CONSENT

I do hereby agree to the media release terms and conditions, outlined above, associated with participating in the Greater Indianapolis Chapter of NABA, Inc. ACAP program during the program period outlined above.

☐ I, the below signed student, AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP media release terms and conditions listed above.

☐ I, the below signed student, DO NOT AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP media release terms and conditions listed above.

Student Signature: ___________________________ Date: ______________

PARENT/GUARDIAN CONSENT

I certify that I am the parent or guardian of the student applicant above, ____________________________, a minor under the age of eighteen (18) years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

☐ I, the below signed parent/guardian, AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP media release terms and conditions listed above.

☐ I, the below signed parent/guardian, DO NOT AGREE to the Greater Indianapolis Chapter of NABA, Inc. ACAP media release terms and conditions listed above.

Parent/Guardian Signature: ___________________________ Date: ______________