

**Suffolk Chapter**

Brian Michels:	President
Amanda Sexton:	President Elect
Melissa Portelli:	Vice President
John Hermus:	Treasurer
Kenneth Laks:	Secretary

January 15, 2017

Judy Crawford  
Brentwood High School  
5th Ave. & First St.  
Brentwood, NY 11717

RE: NYSSCPA Suffolk Chapter  
Scholarship Program  
2017-2018

Dear Ms. Judy Crawford:

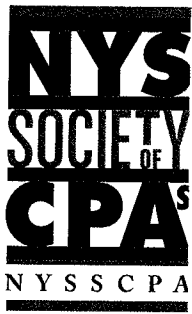
The New York State Society of Certified Public Accountants (NYSSCPA) Suffolk Chapter has a program whereby we offer Undergraduate Accounting Scholarships to qualified high school candidates that meet certain qualifications in addition to submitting a completed application. We are pleased to enclose the information and application for your consideration. Please read the attached and contact us should you have any questions (Scholarship Committee contact information is listed at the top of page 2 of the enclosed).

This will be the Chapter's tenth consecutive year of the Undergraduate Accounting Scholarship Program and we look forward to your response. In addition, if you would like for a representative of the Suffolk Chapter to visit your classroom to discuss the CPA profession with your students, feel free to reach out to me directly.

Sincerely,

A handwritten signature in black ink, appearing to be "Brian Michels".

Brian Michels, CPA  
NYSSCPA Suffolk Chapter  
President 2016-2017



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## 2017-2018 UNDERGRADUATE ACCOUNTING SCHOLARSHIP

The New York State Society of Certified Public Accountants (NYSSCPA) Suffolk Chapter is pleased to offer for the tenth consecutive year, the Undergraduate Accounting Scholarship. The purpose of this scholarship is to provide financial assistance to encourage high school students to enter into the accounting profession.

Scholarships are based on academic standing and financial need, and are available to high school students who desire to major in accounting at the undergraduate level on a full-time basis at a New York college or university.

**Minimum qualifications:**

- “B” average (3.0 out of a 4.0 G.P.A.) in all previous schoolwork,
- SAT composite score of at least 1600, or ACT composite score of at least 23, and
- Proof of acceptance as a full-time matriculated student to a New York college or university for the 2017-2018 academic year.

It is expected that the funds awarded, which historically have been in increments of \$500, will be used towards educational expenses, such as tuition, books, and other related expenses for the 2017-2018 academic year. The number of \$500 awards will be based on the number applications received and available funds.

**PROCESS:**

Candidates must submit the following to their guidance counselor no later than **March 31, 2017:**

- (1) Scholarship application,
- (2) One letter of recommendation,
- (3) High school transcript,
- (4) Proof of SAT or ACT score, and
- (5) Proof of acceptance to a New York college/university for 2016-2017 academic year.

Guidance counselors must select **ONE** application using the above guidelines and submit the student’s application and all related documents by **May 1, 2017** to:

Brian Michels, CPA  
c/o Michels & Hanley, LLP  
12 Bank Avenue  
Smithtown, NY 11787

Scholarship recipients will be notified on or about May 15, 2017. Recipients are encouraged to attend the annual NYSSCPA Suffolk Chapter Membership Event held in May/June 2017 to receive the award (exact details to be announced).

Direct inquiries to:

Melissa Hicks, CPA  
516-336-2489  
[MHicks@grassicpas.com](mailto:MHicks@grassicpas.com)

or

Felix Russo, CPA  
631-297-5032  
[frusso@bdo.com](mailto:frusso@bdo.com)

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## SUFFOLK COUNTY CHAPTER 2017-2018 UNDERGRADUATE ACCOUNTING SCHOLARSHIP APPLICATION

A) To be completed by applicant (Please type or print clearly)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

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

High School \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

High School Address \_\_\_\_\_

Student's E-mail Address \_\_\_\_\_

Academic Status:

- H.S. Rank \_\_\_\_\_ out of \_\_\_\_\_
- H.S. Average \_\_\_\_\_
- SAT Composite \_\_\_\_\_ or ACT Composite \_\_\_\_\_

Admission Status:

- Will you be a full-time matriculated student for the 2016-2017 academic year at a New York college or university? Yes \_\_\_ No \_\_\_
- Will you be a resident on campus? \_\_\_\_\_ or a commuter \_\_\_\_\_?
- Will your intended major be Accounting? Yes \_\_\_ No \_\_\_

B) To be completed by high school or college counselor/advisor

To the best of my knowledge, I certify that the information contained in this application is true and correct. I recommend this student be considered for the Undergraduate Accounting Scholarship.

\_\_\_\_\_  
Counselor/Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/Advisor Name

\_\_\_\_\_  
Phone Number

