A Summer Career Development Residency Program for Ethnic Minority High School Students

Presented by the
National Association of Black Accountants, Inc.
Northern New Jersey Chapter

Hosted at the
New Jersey Institute of Technology
August 6, 2017 - August 10, 2017

2017 Application Package

Application Deadline: Saturday, May 31, 2017

This application is also available on our website at:

http://www.nabannj.org/acap/
Changing the Face of Business

The Accounting Career Awareness Program (ACAP) was created to provide minority high school students with early exposure to career opportunities within the business and accounting professions. The primary objective of ACAP is to increase the number of minority students pursuing careers in accounting and related business areas.

What is ACAP?

A program of the National Association of Black Accountants’ Center for Advancement of Minority Accountants, ACAP stands for the Accounting Career Awareness Program.

The primary objective of ACAP is to increase the number of high school students from under-represented ethnic groups that attend college and major in accounting or business concentrations. Through ACAP’s efforts, students receive educational enrichment experiences and practical help needed for college preparation and a career in accounting or business.

ACAP began in 1980 after the National Association of Black Accountants, Inc. (NABA) recognized the need for a program that would encourage African-Americans and other under-represented ethnic groups to enter the accounting profession. Realizing that preparation for a professional career begins in junior and senior year of high school, NABA’s Seattle Chapter designed a pilot program that would mark a turning point in the academic lives of secondary students; motivating them to pursue a higher education. Soon thereafter, the summer residency concept was developed.

ACAP - summer residency program giving students the opportunity to reside in college dorms for five days and four nights. The students attend classes on accounting and college preparation. Classroom topics are enhanced through team building activities, professional office tours, field trips, as well as other activities. ACAP -alumni are left with a life-altering experience giving them greater self-esteem and a sense of responsibility for others.

Applications are due by May 31, 2017. Late submissions will not be accepted.

The Accounting Career Awareness Program goals are:

• To increase the number of high school students from under represented ethnic groups that attend college and major in accounting or finance,

• To increase college enrollment of these particular ethnic groups, and

• To provide a pipeline program for directing these students to the accounting profession.

To achieve these goals ACAP:

• Sponsors a one-week residency program during the summer at a local college or university.

• Provides students the opportunity to:

• attend classes on careers in accounting and business, personal development, and college preparation.

• tour local companies and CPA firms; and

• invite their parent(s) or guardian(s) to a recognition of their completion of the program.

• Maintains ongoing contact with students through our alumni programs which monitor their academic progress and personal development.
APPLICATION
Accounting Career Awareness Program

August 6 - 10, 2017

Students must submit this application postmarked by Saturday, May 31, 2017.

PLEASE COMPLETE THIS APPLICATION BY TYPING OR PRINTING IN BLACK OR BLUE INK.

Name:________________________________________________________________________________
First                        Middle initial                  Last

Address:________________________________________________________________________________________________

City:______________________________  State: ___________________  Zip Code:__________________

Home Telephone:_______________________  Cell Number: ____________________________

Student Email Address: ____________________________________________________________

Parent Email Address: __________________________________________________________

HS Graduation Year: __________  Gender: ( ) M  ( ) F  Grade Point Average (GPA):__________

School Name: _______________________________________________________________________

College you plan to attend: __________________________________________________________

Ethnic Background (you must check one only):
( ) African American ( ) Hispanic ( ) Native American ( ) Asian ( ) Other (Specify):______________

Shirt Size: ________
(Polo shirts will be provided for the corporate tours and t-shirts will be provided for the community service project).

How did you hear about ACAP? ____________________________________________________________
AWARDS AND ACTIVITIES

Please list scholastic awards and other honors you have received and organizations or extracurricular activities of which you are a member in your school, community, and/or church. Indicate leadership positions held.

**SCHOLASTIC AWARDS AND OTHER HONORS:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Award Details</th>
<th>Award Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXTRACURRICULAR ACTIVITIES:**

<table>
<thead>
<tr>
<th>Activity</th>
<th># OF YRS INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS
In submitting this application, I hereby certify that:

1. I am an ethnic minority student;
2. The information submitted in this application is complete and correct and if any changes occur, I will provide them promptly;
3. I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes and my address and/or email for recruitment purposes;
4. I understand that if I am selected for ACAP and I do not participate, I may forfeit my $60 security deposit.

_____________________________________________  ____________________________
Student's Signature  Date

_____________________________________________  ____________________________
Parent's/Guardian's Signature  Date

_____________________________________________  ____________________________
Parent's/Guardian's Email Address  Parent's/Guardian's Telephone

_____________________________________________  ____________________________
School Counselor's Signature  Date

Candidates may email their application to

Acap@Nabannj.org

Or

Mail via US postal system to the following address:

Accounting Career Awareness Program
P.O. Box 1091
Newark, New Jersey, 071010
TERMS & CONDITIONS FOR PARTICIPATION:

- It is the understanding that students are guests of the National Association of Black Accountants, Inc. and New Jersey Institute of Technology 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.)
- There is no alcohol or 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 this four-and-a-half day program and understand that if for any reason the National Association of Black Accountants, Inc. or New Jersey Institute of Technology 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 not disagree with this action.

____________________________________ ____________________
Student Signature  Date

PARENTAL CONSENT:
I do hereby give my permission for __________________________________________ to participate in the ACAP-Northern New Jersey to be held at New Jersey Institute of Technology August 6-10, 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