**Ascend Application**

To apply for MCM’s Ascend program, please:

* Complete the following application form.
* Email this **completed form, unofficial transcript** and your **resume** to [HR@mcmcpa.com](mailto:HR@mcmcpa.com) by March 22, 2019.

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Phone Number:** |  | | |
| **Email Address:** |  | | |
| **Home Street Address:** |  | | |
| **City, State ZIP Code:** |  | | |
| **University/School:** |  | | |
| **School Street Address:** |  | | |
| **City, State ZIP Code:** |  | | |
| **Current Year:** | Freshman Sophomore Junior Senior Graduate Student | | |
| **Undergraduate Graduation Date** |  | | |
| **Graduation Date with 150 Hours** |  | | |
| **Current GPA:** |  | **Accounting GPA:** |  |
| **What is your area of interest?** | Tax Audit | | |
| **What is your plan for achieving the 150 hour requirement?** | | | |
|  | | | |
| **What do you hope to gain from the Ascend Program?** | | | |
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| **Explain your most prominent leadership skill(s)/trait(s)? Provide example(s).** | | | |
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