**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 by

February 28, 2020.

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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:** |  |
| **T-shirt Size** |  |
| **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?**  |
|  |
| **How did you hear about MCM** |
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