



Stay in the 'Sip Application



Mississippi Office of the State Auditor

501 N West St, Suite 801

Jackson, MS 39201

Return your completed application along with your most recent transcripts (official or unofficial), graduate school acceptance letter (if applicable) to StayInTheSip@osa.ms.gov

Applicant Information:

Name: _____

Permanent Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

How did you hear about this opportunity? _____

(Ex: OSA employee spoke to your class or event, OSA at a Career Fair, referred by an employee, social media post, etc.)

Current Education

Major: _____

Minor: _____

Expected Graduation Date: _____

Current Cumulative GPA: _____

Current Completed Accounting Hours: _____

Current Classification (Freshman, Sophomore, Junior, Senior, Graduate Student): _____

What was your grade in Intermediate I (or Financial Accounting): _____

If applicable, when are you applying for Graduate school in Accounting and to which school? _____

Previous Education

Major: _____

Minor: _____

Graduation Date: _____

Cumulative GPA: _____

Work Experience:

Employer: _____ **Phone:** _____

Positions: _____ **Dates Employed:** _____ **to** _____

Address: _____

Duties: _____

Hours worked per week: _____

Work Experience:

Employer: _____ **Phone:** _____

Positions: _____ **Dates Employed:** _____ **to** _____

Address: _____

Duties: _____

Hours worked per week: _____

Work Experience:

Employer: _____ **Phone:** _____

Positions: _____ **Dates Employed:** _____ **to** _____

Address: _____

Duties: _____

Hours worked per week: _____

Signature: _____ **Date:** _____