

**SCHOLARSHIP APPLICATION**  
**SOCIETY CFA® REVIEW COURSE SCHOLARSHIP PROGRAM – Spring 2020**

Society scholars must fulfill all CFA candidate requirements to register. If society scholars are undergraduate students, they must be in the final year of their degree program.

**Available Scholarships:**

- Review Course Scholarship
  - Review course fee will be reduced to \$500 (~50% discount from the standard registration fee).
  - Study materials will be included.

**Important Dates:**

- Scholarship application due date: **January 10<sup>th</sup> 2020**
- Notification of scholarship award: **January 17<sup>th</sup> 2020**

**Complete the following (please print):**

Have you enrolled for the June 2019 Level I exam? [ ] Yes [ ] No

Scholarships: Review Course Scholarship\*

Candidate No.: \_\_\_\_\_ **Passport No.:** \_\_\_\_\_ **(Effective 1 January 2011: A valid international travel passport is required for enrollment and exam registration.)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you already registered for the CFA exam? [ ] Yes [ ] No

Are you a member of a CFA Institute Society? [ ] Yes [ ] No

If yes, which society: \_\_\_\_\_

*\*CFA-DFW Society reserves the right to waive the scholarship if you do not intend to enroll in the Review Course.*

Are you employed? [ ] Yes [ ] No

If yes: [ ] Part-time [ ] Full-time

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you receive reimbursement or sponsorship from the company for the CFA exam?

[ ] Yes [ ] No

May we contact your supervisor? [ ] Yes [ ] No

If yes, name of supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a current student? [ ] Part-time [ ] Full-time [ ] N/A

Highest degree held: \_\_\_\_\_

Name of undergraduate college or university: \_\_\_\_\_

Name of graduate college or university: \_\_\_\_\_

If current student, expected graduation date: \_\_\_\_\_

Current field of study: \_\_\_\_\_

Name of Professor: \_\_\_\_\_ Phone: \_\_\_\_\_

Why do you want to achieve the CFA® Charter?(Attach additional page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your involvement in activities and organizations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your financial need for this scholarship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I heard about this scholarship from

\_\_\_\_\_  
\_\_\_\_\_

Optional Attachments:   Resume  
                                  College Transcript  
                                  Letter of Recommendation

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Please return this Application to:**

CFA Society of Dallas-Fort Worth  
Post Office Box 820516  
Dallas, TX 75382 or Email to info@cfadwf.org