

CFA INSTITUTE SOCIETY CFA® SCHOLARSHIP VERIFICATION FORM—DECEMBER 2008

Please be sure that you and your sponsoring society complete the information below and sign where indicated.

*Submit this form to: CFA Institute Scholarship Office
560 Ray C. Hunt Drive, Charlottesville, VA 22903-0668 USA
Or fax to 434-951-5290, Attention: Scholarships*

Once your scholarship has been approved, you will receive instructions for registering for the CFA Exam if you have not already done so.

**DEADLINE: 1 September 2008
SCHOLARSHIP FEE: US\$220**

December 2008 Exam

Registration Level I

Candidate No.: _____ (previously enrolled candidates only)
National Identification No./Social Security No.: _____

Print Name: _____
First (Given) Name Middle Name/Initial Last Name (Surname)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____

Fax: _____ Email: _____

Signature: _____

This Section to Be Completed Only by Currently-Registered Candidates Requesting a Refund:

To receive a refund, please include credit card information used for original payment (if applicable):

Card no. _____ Exp. date: ____/____

I originally paid using a credit card that is no longer valid; please issue a check to the original payor

I am the original payor

My company is the original payor. Company name: _____

My original payment was not by credit card; please provide my refund by check

Society to Complete:

PLEASE ATTACH A COVER MEMO INCLUDING THE NAMES OF SCHOLARSHIP RECIPIENTS

Society Name: _____

Society Officer/Staffed Office Executive Position

Society Officer/Staffed Office Executive ID No.

Society Officer/Staffed Office Executive Name

Society Officer/Staffed Office Executive Signature

Phone Number

Email Address

This scholarship was donated by the _____ Society

OFFICE USE ONLY: Prepaid Will register online Offer Code: _____

[] Refund Due: \$ _____ Amount Paid: \$ _____ Date Paid: _____

Authorization: _____ Date: _____ Processed: _____ Date: _____