

**CFA INSTITUTE SOCIETY CFA® SCHOLARSHIP VERIFICATION FORM—JUNE 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 March 2008  
SCHOLARSHIP FEE: US\$220**

June 2008 Exam

Registration Level I II III (circle one)

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I originally paid using a credit card that is no longer valid; please issue a check to the original payor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:** [ ] Refund Due \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ Processed: \_\_\_\_\_ Date: \_\_\_\_\_