

APPLICATION
SOCIETY CFA® SCHOLARSHIP PROGRAM

CFA Institute is offering scholarships for the Chartered Financial Analyst® (CFA®) Program. Each society may award a maximum of ten (10) scholarships per fiscal year. Society scholars must fulfill all CFA candidate requirements to register. If society scholars are students, they must be in the final year of their undergraduate degree program.

Candidate Cost:

- This scholarship will waive the Registration fee and all but US\$150.00 of the Enrollment fee. The chosen scholarship candidate will be responsible for the fee, plus the cost of curriculum unless otherwise noted:

Complete the following (please print):

Exam (circle one): December 2006 June 2007 Enrollment Level (circle one): I II III

Candidate No.: _____ Social Security No./National Identification No.: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____

Have you already registered for the CFA exam? Yes No

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

 If yes, give name: _____

Are you employed? Part-time Full-time Name of employer: _____

 Address of employer: _____

 Occupation: _____

 May we contact your supervisor? Yes No

 If yes, name of supervisor: _____ Phone: _____

Are you a student? Part-time Full-time Level of school completed: _____

 Name of undergraduate college or university: _____

 Name of graduate college or university: _____

 Highest degree held: _____

 If no degree is held, when do you expect to receive your degree? _____

 Current field of study: _____

 Name of Professor: _____ Phone: _____

Please complete the questions on the reverse side of this form

Why do you want to achieve the CFA® Charter? _____

Briefly describe your involvement in activities and organizations: _____

Briefly describe your financial need for this scholarship: _____

I heard about this scholarship from: _____

- Optional:** Attach Resume
 Attach College Transcript
 Letter of Recommendation

(Date)

(Signature)

Please return this Application to:

(Place Society return mailing label here)

CFA INSTITUTE
SOCIETY CFA[®] SCHOLARSHIP VERIFICATION FORM

*Please be sure that you and your sponsor complete the information below and sign where indicated. Attach this form to your CFA Program Registration form and send to:
CFA Institute Scholarship Office
560 Ray C. Hunt Drive
Charlottesville, VA 22903-0668
-or-
fax to 434-951-5290, Attention: Scholarships*

Exam (circle one): December 2006 June 2007 Enrollment Level (circle one) I II III

Candidate No.: _____ (previously registered 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: _____

Candidate to Complete: Please answer all questions yes or no

[] Yes [] No I am a member of my sponsoring society.
[] Yes [] No I am a student enrolled at a college/university within 200 miles of my sponsoring society.
 [] Undergraduate [] Graduate
 College/University Name: _____

[] Yes [] No I reside or work within 200 miles of my sponsoring society.

Candidate Signature

Society to Complete:

Society Name: _____

Society Officer Position

Society Officer Member ID No.

Society Officer Printed Name

Society Officer Signature

Phone Number

Email Address

Credit card info needed if refund received: Card no. _____ Exp. date ____/____

OFFICE USE ONLY: [] Refund Due \$ _____ Amount Paid: \$ _____ Date Paid: _____

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