

**APPLICATION\***  
**SOCIETY CFA® SCHOLARSHIP PROGRAM**

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.

**Candidate Cost:**

- For the current exam offering, this scholarship will waive the enrollment fee (if applicable). Scholarship applicants pay a discounted registration fee along with curriculum and shipping costs plus any applicable taxes and import duties. Scholarships cannot be deferred to another exam offering.
- The chosen scholarship candidate will be responsible for the fee unless otherwise noted:

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

**\* This form is NOT to be returned to CFA Institute in place of the Society Scholarship Verification Form required for CFA Institute scholarship application.**

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

CFA Institute 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)*