

**APPLICATION**  
**SOCIETY CFA<sup>®</sup> SCHOLARSHIP PROGRAM -JUNE**

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:**

- This scholarship will waive the Registration fee and all but US\$220.00 of the Enrollment fee.
- The chosen scholarship candidate will be responsible for the fee unless otherwise noted:

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

June Exam \_\_\_\_\_ Enrollment Level I II III (circle one)

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: \_\_\_\_\_

**Why do you want to achieve the CFA<sup>®</sup> Charter?**

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**Briefly describe your involvement in activities and organizations:**

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**Briefly describe your financial need for this scholarship:**

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**I heard about this scholarship from:** \_\_\_\_\_

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

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

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