

APPLICATION
SOCIETY CFA® SCHOLARSHIP PROGRAM—JUNE 2008

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

Complete the following (please print):

June 2008 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: _____

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—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

Our society is sponsoring this candidate at the request of the _____ Society

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

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