

Scholarship Application

Personal Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Home Phone _____

E-mail _____

Name of Institution _____

The curriculum of the institution must be registered and approved by the CFP Board of Standards.

CFP® Course Work To Date *(Use an extra page, if necessary)*

Please list CFP courses you have taken to date:

Course Work Planned for Fall, Spring and Summer Semesters *(Use an extra page, if necessary)*

Please list CFP courses you plan to register for in the Fall, Spring and Summer Semesters

Fall	Spring	Summer

Review Course and Exam

Do you plan to take a CFP® review course?

____ Yes (Date _____) ____ No

When do you intend to sit for the CFP Board of Standards certificate examination?

Month _____ Year _____

Academic Background

Institution(s)

Year(s)

Degree(s)/Certificate(s)

Grade Point Average _____

Current and Previous Employment *(Use an extra page, if necessary)*

Please list current and previous employment, starting with your current position.

Employer	Employment Dates	Address (Street/City/State)	Position/Responsibilities

Professional Achievements: Please list any professional achievements, starting with the most recent achievement. *(Use an extra page, if necessary)*

Type of Award/Honor	Name of Organization	Year

Kindly answer the following questions:

In your estimation, what are the benefits of obtaining the CFP® designation? (Use an extra page, if necessary)

Why have you chosen the financial planning profession? (Use an extra page, if necessary)

What are your career goals after receiving the CFP® designation? (Use an extra page, if necessary)

Kindly use the space below to share any additional comments that you wish to be considered in support of your application, and attach additional sheets if additional space is needed.

Signature/Date

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