

Scholarship Application

Name _____ SS# _____ - _____ - _____
Address _____
City _____ State _____ Zip Code _____
Office Phone _____ Home Phone _____
E-mail _____
Name of Institution _____
<i>The curriculum of the institution must be registered and approved by the CFP Board of Standards.</i>

CFP Course Work To Date
(Use extra sheet if necessary)

Please list CFP courses you have taken to date:	

Course Work Planned for Fall, Spring and Summer Semesters

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

Please list current and previous employment for the past ten years, starting with the most current.

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

Professional Achievements:

Please list any professional achievements for the past ten years starting with the most current.

Type of Award/Honor	Name of Organization	Year

Please use the space provided in answering the following questions:

What do you feel are the benefits of obtaining the CFP designation?

Why have you chosen the financial planning profession?

What are your career goals after receiving the CFP designation?

Please use the space below to share any comments that you wish to be considered in your application:

Signature/Date

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