

**APPLICATION**  
**SOCIETY CFA® SCHOLARSHIP PROGRAM—DEC 2009**

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:

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

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

December 2009 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: \_\_\_\_\_

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***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:

**CFA Society - OK Scholarships**  
P.O. Box 13006  
Oklahoma City, OK 73113