

# CFA<sup>®</sup> Program University Student Scholarship Application

## 2015/2016 Exams

This scholarship is available to students at a Recognized University or CFA Program Partner. You and the Program Director or Principal Contact Person must complete the below information and sign where indicated. Once your scholarship has been processed and approved, you will receive further instructions by email within four (4) weeks. **A valid international travel passport is required for CFA Program enrollment/registration.**

**REDUCED REGISTRATION FEE: US\$350 (includes the eBook curriculum only)**

**NOTE: Printed curriculum is available separately for an additional cost of US\$150 plus any fees associated with shipping such as import duties, customs fees, shipping fees and/or taxes.**

### Exam Selection

Check one:            DECEMBER 2015                      JUNE 2016  
Application Deadline:    Application Deadline:  
2 September 2015                      1 February 2016

### Applicant Completes Following

*Complete Applicant Section by typing into the editable form fields*

CFA INSTITUTE IDENTIFICATION # (IF APPLICABLE)                      DATE OF BIRTH (DAY/MONTH/YEAR)

MR.    MISS    MS.    MRS.    DR.    PROF.    REV.    HON.

NAME OF COLLEGE/UNIVERSITY                      PREFIX (CHECK ONE)

**APPLICANT NAME \*\*IMPORTANT: YOUR NAME ON CFA INSTITUTE RECORDS MUST BE THE SAME AS THE NAME ON YOUR INTERNATIONAL TRAVEL PASSPORT.**

FIRST (GIVEN) NAME                      MIDDLE NAME OR INITIAL                      LAST NAME (SURNAME OR FAMILY NAME)

E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS)    TELEPHONE NUMBER (INCLUDE COUNTRY CODE, AREA OR CITY CODE, AND LOCAL)

Yes    No    I certify that I am a full-time undergraduate student in my final year of study or a full- or part-time graduate student and that I meet the Entrance Requirements for the CFA Program. The Program Director or Principal Contact Person is sponsoring me for a scholarship.

Yes    No    I certify that I have reviewed and will adhere to the [Official Rules for the Scholarship Program](#) on the CFA Institute website.

APPLICANT SIGNATURE                      DATE (DAY/MONTH/YEAR)

### University Completes Following

PROGRAM DIRECTOR OR PRINCIPAL CONTACT PERSON NAME

CFA INSTITUTE IDENTIFICATION # (IF APPLICABLE)

NAME OF COLLEGE/UNIVERSITY

E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS)    TELEPHONE NUMBER (INCLUDE COUNTRY CODE, AREA OR CITY CODE, AND LOCAL)

I certify that I am the Program Director or Principal Contact Person for my university and that my university is a Recognized University or CFA Program Partner as defined on the CFA Institute [website](#).

PROGRAM DIRECTOR OR PRINCIPAL CONTACT PERSON SIGNATURE                      DATE (DAY/MONTH/YEAR)

**Plan early! CFA Institute will not accept forms after the deadlines in the Exam Selection section.**

Submit this form via e-mail to [university@cfainstitute.org](mailto:university@cfainstitute.org). Contact us with any questions at [www.cfainstitute.org/contactus](http://www.cfainstitute.org/contactus).

For the current exam offering, the CFA Program enrollment fee (if applicable) is waived. Scholarship recipients are responsible for payment of the reduced registration fee plus any applicable taxes and import fees. Scholarships cannot be deferred to another exam offering.

