



2009 Scholarship Program

Application

You may type or write *legibly* to complete this application, ***BUT PLEASE DON'T ALTER THE FORMAT.***

Name:	Social Security Number:
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CURRENT	PERMANENT (if different from Current)
Address, City, State & ZIP:	Address, City, State & ZIP:
Phone: (please list at least one)	Phone: (please list at least one)
W _____	W _____
H _____	H _____
C _____	C _____

Email Address:

CFP Board-Registered Program in which you are currently enrolled or recently graduated (not prior to Dec. 2008): _____

Type of degree/certificate: _____

CFP® Program Course Work (for GPA, assume a four point scale; please note if otherwise)

Cumulative GPA: All courses _____ Core financial planning courses _____

**** Be sure to also submit a current, original transcript.***

Please list the required financial planning courses you have not yet taken (if applicable):

_____	_____
_____	_____
_____	_____

When are you planning to take the CFP® Certification Examination? Mo/Yr _____

Are you planning to take a comprehensive review course before the exam?

Y N If yes, please indicate which one (if known): _____

Academic Background: Other than the answers provided above, have you earned any additional degrees?

Institution	Degree or Certificate	Year	GPA

Current & Previous Employment: Please list your employment history for the past five years, starting with the most recent.

Employer	Dates	Street/City/State	Position/Responsibilities

Professional Achievement: Please list any professional achievements for the past five years, starting with the most recent.

Type of Award/Honor	Year	Name of Organization

Community Service: Please list any community service activities for the past five years, describing the nature of your involvement.

Type of Community Service	Year	Nature of Involvement

Short Essay: Please answer the following questions in your own words.

Do you have any additional comments we should consider with your application?

**** Be sure to also submit two letters of recommendation from professors and/or CFP® professionals.***

By my signature below, I agree that the information submitted herein is complete, truthful and accurate, to the best of my knowledge. I have read, understand and will comply with all Guidelines for this Scholarship Program. I further understand that FPA-GA will not be liable for paying an awarded scholarship, in whole or in part, if I fail to fulfill my responsibilities within the prescribed time frame. Additionally, I do intend to become an involved member of FPA as I recognize the importance and value of actively contributing to the advancement of my profession.

Signature of Applicant:	Date:
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