

CFA[®] Program University Student Scholarship Application

2016/2017 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 2016	JUNE 2017
	Application Deadline: 2 September 2016	Application Deadline: 3 February 2017

Applicant Completes Following

Complete Applicant Section by typing into the editable form fields

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

NAME OF COLLEGE/UNIVERSITY _____ PREFIX (CHECK ONE) MR. MISS MS. MRS. DR. PROF. REV. HON. _____

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. Contact us with any questions at 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.

