

# APPLICATION

## **CFA® Society of Cincinnati CFA® SCHOLARSHIP PROGRAM**

CFA Institute is offering scholarships for the Chartered Financial Analyst® (CFA®) Program. Each society may award a maximum of ten (10) scholarships per fiscal year. Society scholars must fulfill all CFA candidate requirements to register. If society scholars are students, they must hold a bachelor's degree or the equivalent no later than 31 December of the exam year, and attend a college or university within 200 miles of the society.

### **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.

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

Exam: June 2009 Enrollment Level (circle one):      I      II      III

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: \_\_\_\_\_

### **Why do you want to achieve the CFA® Charter?**

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**Briefly describe your involvement in activities and organizations:**

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**Briefly describe your financial need for this scholarship:**

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**I heard about this scholarship from:** \_\_\_\_\_

**In addition to the Society CFA® Scholarship Program, the CFA Society of Cincinnati will award scholarships for self-study programs from Stalla and Schweser.**

**Stalla**

The Society will award **one** Stalla scholarship.

**Schweser**

The Society will award **three** Schweser scholarships.

Please indicate your priority of interest in the scholarships:

CFA® Program Scholarship \_\_\_\_\_  
Stalla System Scholarship \_\_\_\_\_  
Schweser Scholarship \_\_\_\_\_

**Optional:**      Attach Resume  
                         Attach College Transcript  
                         Letter of Recommendation

**Date** \_\_\_\_\_      **Signature** \_\_\_\_\_

**Please return this Application to:**  
Kevin P. Whelan, CFA  
CFA Society of Cincinnati Education Chair  
C/o Opus Capital Management  
1 West Fourth St., Suite 2500  
Cincinnati, Ohio 45202  
[kwhelan@opusinc.com](mailto:kwhelan@opusinc.com)  
Fax: 513-322-8142