

CFA Program Partners CFA[®] Institute Student Scholarship

Verification Form–December 2014 Exam

This form must be submitted no later than **2 September 2014**. You and the Program Director 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.**

Return form to CFA Institute University Relations: email to university@cfainstitute.org

SCHOLARSHIP FEE: US\$350 (includes the eBook curriculum only) NOTE: the 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.

Complete Candidate Section by typing into the editable form fields

Candidate Completes Following

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)

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)

MAILING ADDRESS

CITY

STATE

COUNTRY

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 certify that I meet the Entrance Requirements for the CFA Program. My Program Director 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.

SIGNATURE

DATE (DAY/MONTH/YEAR)

Program Director Completes Following

PROGRAM DIRECTOR'S NAME

CFA INSTITUTE IDENTIFICATION # (IF APPLICABLE)

NAME OF COLLEGE/UNIVERSITY

COLLEGE/UNIVERSITY MAILING ADDRESS

CITY

STATE

COUNTRY

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 of the CFA Program Partnership for my university and that my university is a current CFA Program Partner University as defined on the CFA Institute website.

PROGRAM DIRECTOR'S SIGNATURE

DATE (DAY/MONTH/YEAR)

Plan early! CFA Institute will not accept forms received after **2 September 2014**.

For the current exam offering, the CFA Program enrollment fee (if applicable) is waived. Scholarship applicants pay a discounted registration fee that includes the e-book curriculum. Scholarships cannot be deferred to another exam offering.

OFFICE USE ONLY

Prepaid Will register online Refund due Offer Code: SCHP _____

Date: _____ Authorization: _____