



**APPLICATION FOR THE CFA SOCIETY OF SOUTH FLORIDA**  
**CFA® EXAM SCHOLARSHIP PROGRAM**

The CFA Society of South Florida and CFA Institute are offering scholarships for the December and June administration of the Chartered Financial Analyst® (CFA®) Program for candidates in the South Florida area who have a demonstrated desire to excel in the financial services profession. The CFA Society of South Florida will award a maximum of ten scholarships (three for December and seven for June). Society scholars must fulfill all CFA candidate requirements to register. If society scholars are undergraduate students, they must be in the final year of their bachelor's degree program, and attend a college or university within 200 miles of the society. **This application must be submitted by the first Friday in August for the December exam and by the first Friday in January for the June exams.**

**NOTE: Society scholarships are valid for the designated CFA exam only.**

**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 this portion of the Registration fee. If the candidate has already registered and enrolled for the CFA exam and is awarded the scholarship, the CFA Institute will refund his/her money less \$220.00.

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**Complete the following (please print or type):**

CFA Institute ID No.: \_\_\_\_\_ Scholarship Period (Circle one): December: LI June: LI LII LIII

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you already registered for the CFA exam for which this scholarship will apply?  Yes  No

Are you a member of a CFA Institute Society?  Yes  No Society Name: \_\_\_\_\_

Are you employed?  Part-time  Full-time Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ May we contact your supervisor?  Yes  No

Supervisor Name: \_\_\_\_\_ Supervisor Phone: (\_\_\_\_\_) \_\_\_\_\_

Are you a student?  Part-time  Full-time  Graduated

Actual/Anticipated Graduation Date: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Professor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Why do you want to achieve the CFA® Charter? \_\_\_\_\_

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Describe your involvement in activities and organizations: \_\_\_\_\_

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Describe your financial need for this scholarship: \_\_\_\_\_

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

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**Optional:** Attach additional pages as needed, resume, college transcript and/or letter(s) of recommendation.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Please mail this Application to:**

Education Committee  
CFA Society of South Florida  
39603 Woodgate Lane  
Lady Lake, FL 32159

**Questions or email Application to:**

[Admin@CFASouthFlorida.org](mailto:Admin@CFASouthFlorida.org)