



THE FINANCIAL PLANNING ASSOCIATION OF THE EAST BAY

## SCHOLARSHIP PROGRAM APPLICATION

### *Instructions for the Scholarship Application*

**A. Eligibility:** *In order for one to be eligible for the scholarship, all of the following qualifications must be met.*

- 1. Is admitted to a program administered by an accredited university or college registered with the CFP™ Board*
- 2. Has an intention to take all required courses and review course for the CFP™ Board of Standards certificate examination, and become a CFP™ designee*
- 3. Demonstrates academic accomplishments; i.e., GPA and degrees received*
- 4. Furnishes a letter of support from either a professor or practicing CFP™ professional*

**B. Submission Information:** *Applications must be received by September 1, 2009 and scholarships will be awarded at a FPA monthly meeting in 2009. Send application to:*

*FPA East Bay Scholarship Program  
1850 Mt. Diablo Blvd., Suite 170  
Walnut Creek, CA 94596*

Name:	SS#:
Email Address:	
Address, City & Zip:	
Office Phone:	Home Phone:

Name of Institution (university) that you are enrolled in for the Financial Planning Certificate Program and your anticipated year of graduation:

Name \_\_\_\_\_ Date \_\_\_\_\_

What courses are you planning to register for the Fall and Spring Semester? Please list.

Fall Semester:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

Spring Semester:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

Are you planning to take a review course?

- a) \_\_\_\_\_ Yes; when (date) \_\_\_\_\_
- b) \_\_\_\_\_ No

When are you planning to take the CFP Board of Standards certificate examination?

Month and Year: \_\_\_\_\_

<b>Academic Background:</b>			
Name	Year	Degree or Certificate Awarded	GPA

**Current & Previous Employers:** Please list them for the past ten years and start with the most current.

Employer	Address	Position

**Professional Achievements:** Please list them for the past five years and start with the most current.

Type of Award	Year	Name of Organization Awarded

**Involvement in Community Services:** Please list them for the past ten years and describe the nature of involvement.

Type of Community Service	Year	Name of Involvement

**References:** Please give names of individuals who support your application.

Name	Position	Company

Signature of Applicant:

Date:

--	--