

**CFA INSTITUTE SOCIETY CFA® SCHOLARSHIP VERIFICATION FORM**

*Please be sure that you and your sponsor complete the information below and sign where indicated.*

*Attach this form to your CFA Program Registration form and send to:*

*CFA Institute Scholarship Office  
560 Ray C. Hunt Drive  
Charlottesville, VA 22903-0668 USA*

*-or-*

*fax to 434-951-5290, Attention: Scholarships*

**DEADLINE: 1 September 2007**

December 2007 Exam

Registration Level I

Candidate No.: \_\_\_\_\_ (previously enrolled candidates only)  
National Identification No./Social Security No.: \_\_\_\_\_

Print Name: \_\_\_\_\_  
First (Given) Name      Middle Name/Initial      Last Name (Surname)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Candidate to Complete:**

- My payment of US\$150 and my fully-completed CFA Program Registration form are included
- If receiving a refund, please include credit card information used for original payment (if applicable):  
Card no. \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_
- I originally paid using a credit card that is no longer valid; please issue a check to the original payor
  - I am the original payor
  - My company is the original payor. Company name: \_\_\_\_\_
- My original payment was not by credit card; please provide my refund by check  
\_\_\_\_\_  
(Signature)      \_\_\_\_\_ (Date)

**Society to Complete:**

**PLEASE ATTACH A COVER MEMO INCLUDING THE NAMES OF SCHOLARSHIP RECIPIENTS**

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

\_\_\_\_\_  
Society Officer/Staffed Office Executive Position      Society Officer/Staffed Office Executive ID No.

\_\_\_\_\_  
Society Officer/Staffed Office Executive Name      Society Officer/Staffed Office Executive Signature

\_\_\_\_\_  
Phone Number      Email Address

Our society is sponsoring this candidate at the request of the \_\_\_\_\_ Society

**OFFICE USE ONLY:** [   ]    Refund Due \$ \_\_\_\_\_    Amount Paid: \$ \_\_\_\_\_    Date Paid: \_\_\_\_\_  
Authorization: \_\_\_\_\_    Date: \_\_\_\_\_    Processed: \_\_\_\_\_    Date: \_\_\_\_\_