

**STUDENT CFA® SCHOLARSHIP VERIFICATION FORM—DECEMBER 2010**

Please be sure that you and your sponsoring professor complete the information below and sign where indicated.

Submit this form to: CFA Institute Scholarship Office  
560 Ray C. Hunt Drive, Charlottesville, VA 22903-0668 USA  
Or fax to +1 (434) 951-5290, Attention: Scholarships

Once your scholarship has been approved, you will receive instructions for registering for the CFA Exam if you have not already done so.

**DEADLINE: 1 September 2010**  
**SCHOLARSHIP FEE: US\$225\***

Registration for Level I December 2010 Exam (new candidates only) **Print legibly or type. Complete all sections.**

CFA Institute Identification Number: \_\_\_\_\_

Prefix (check one):  Mr.  Miss  Ms.  Mrs.  Dr.  Prof.  Rev.  Hon.

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Country Code Area/City Code Local Number

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

Refunds (if applicable) will be processed in the same manner in which the original payment was made.

<b>Candidate to Complete:</b> Please answer questions yes or no
<input type="checkbox"/> Yes <input type="checkbox"/> No I am a full-time undergraduate student in my final year of study, and my professor is sponsoring me for a scholarship. College/University Name: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I am a full- or part-time graduate student, and my professor is sponsoring me for a scholarship. College/University Name: _____
<b>I certify that I am a new candidate enrolling for the Level I exam for the first time.</b> (Signature) _____ (Date) _____

<b>Professor to Complete:</b> Member ID Number: _____
Professor's Name: _____ First (Given) Name Middle Name/Initial Last Name (Surname)
College/University Name: _____
Address: _____
City State Zip Country
_____
Email Address Phone Number

**I certify that I am a full-time college/university professor teaching a minimum of six credit hours per quarter or semester or a college/university administrator teaching a minimum of three credit hours per quarter or semester. ATTACH LETTER ON UNIVERSITY LETTERHEAD TO THAT EFFECT.**

\_\_\_\_\_  
Professor Signature

<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Prepaid <input type="checkbox"/> Will register online <input type="checkbox"/> Refund due Offer Code: SCH _____
Authorization: _____ Date: _____

\*For the current exam offering, the CFA Program enrollment fee (if applicable) is waived and the registration fee is discounted. Scholarship recipients pay only the cost of curriculum (\$225) plus any applicable taxes and import duties. Scholarships cannot be deferred to another exam offering.