

CFA® Program Media Scholarship Application

2018 Exams

You and your employer 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. An international passport is required for CFA Program enrollment/registration..

REDUCED REGISTRATION FEE: US\$350 (includes the eBook curriculum only)

NOTE: 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.

Exam Selection

CFA PROGRAM EXAM (CHECK ONE):

JUNE 2018

DECEMBER 2018

Application Deadline:

1 February 2018

Application Deadline:

1 September 2018

Applicant Completes the Following

_____ MR. MISS MS. MRS. DR. PROF. REV. HON.

CFA INSTITUTE IDENTIFICATION # (IF AVAILABLE) DATE OF BIRTH (DAY/MONTH/YEAR) PREFIX (CHECK ONE)

APPLICANT NAME *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)

_____ E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS) TELEPHONE NUMBER (INCLUDE COUNTRY CODE, AREA OR CITY CODE, AND LOCAL)

_____ NAME OF EMPLOYER

_____ YOUR JOB TITLE / POSITION

CFA Program and Claritas Program Applicants:

Yes No I certify that I am a full-time employee in the media industry.

CFA Program Applicants Only:

Yes No I certify that I meet the Entrance Requirements for the CFA Program and that I have reviewed and will adhere to the [Official Rules for the Scholarship Program](#) on the CFA Institute website.

YOU MUST SUBMIT THE FOLLOWING TWO ITEMS WITH THIS FORM: 1) A LETTER (IN ENGLISH) ON YOUR COMPANY'S LETTERHEAD AND SIGNED BY YOUR EMPLOYER CERTIFYING THAT YOU ARE A FULL-TIME EMPLOYEE; 2) CURRENT SAMPLES OF YOUR WORK. THIS SCHOLARSHIP FORM WILL NOT BE ACCEPTED WITHOUT BOTH ATTACHMENTS.

_____ APPLICANT SIGNATURE

_____ DATE (DAY/MONTH/YEAR)

Employer Completes the Following

_____ SUPERVISOR'S NAME

_____ JOB TITLE / POSITION

_____ E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS) TELEPHONE NUMBER (INCLUDE COUNTRY CODE, AREA OR CITY CODE, AND LOCAL)

_____ SUPERVISOR SIGNATURE

_____ DATE (DAY/MONTH/YEAR)

Reminder: Your scholarship application will not be reviewed without all required documentation.

Submit this form via e-mail to scholarships@cfainstitute.org. Contact us with any questions at www.cfainstitute.org/contactus.



Scholarship recipients are responsible for payment of the reduced registration fee plus any applicable taxes and import fees. Scholarships cannot be deferred to another exam offering.