



# FPA Oregon and SW Washington Chapter

## 2023 Scholarship Application

Please see the Scholarship Guidelines for eligibility and submission information.

### Contact Information

Name	
FPA Member Number, if applicable	
Street Address	
City, State and ZIP Code	
Home Phone Number	
Work Phone Number	
E-Mail Address	

### Alternate Contact Information

Street Address	
City, State and ZIP Code	
Phone Number	
E-Mail Address	

### Financial Planning Education

Name of **CFP Board-Registered Program** in which you are currently enrolled or recently graduated. Please also include whether it is a certificate or degree program and the date of graduation.

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### Personal History

Briefly tell us about yourself and why you have chosen the financial planning profession.

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### Academic Background

Please list your academic history, starting with the most recent.

Institution	Degree	Years	GPA

### Current and Previous Employment

Please list your employment history for the past five years, starting with the most recent.

Employer	Position / Responsibilities	Dates	Address

### Professional Achievement and Community Service

Please list your professional achievements and community service activities for the past five years, starting with the most recent.

Activity / Award	Name of Organization	Dates

## Short Answer

What are your career goals after receiving the CFP® designation?

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Describe where you see yourself professionally five years from now.

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Please share any additional comments that you wish to be considered in your application.

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## References

Please include two **letters of reference** from people who support your application. Preference is given to CFP® professionals in good standing with the CFP Board.

Name	Position	Phone Number

## Agreement and Signature

By my signature below, I agree that the information submitted herein is complete, truthful and accurate, to the best of my knowledge. I have read, understand and will comply with all Guidelines for this Scholarship Program. I further understand that the Oregon and SW Washington FPA Chapter will not be liable for paying an awarded scholarship, in whole or in part, if I fail to fulfill my responsibilities within the prescribed time frame. Additionally, I agree to allow FPA of Oregon & SW Washington to use photo and name for social media and website.

Name (printed)	
Signature	
Date	

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