



**KIMBERLY PAIGE MEMORIAL STUDY SCHOLARSHIP
(SPONSORED BY CFA SOCIETY CHICAGO)
APPLICATION
JUNE 2019 EXAM
(MEMBERS ONLY)**

CHOOSE YOUR LEVEL: LEVEL ONE (1) ___ LEVEL TWO (2) ___ LEVEL THREE (3) ___

*This application will be considered **only** if **all** information required is supplied. Please type or print legibly.*

1. PERSONAL AND MAILING INFORMATION

Membership Type: ___ Affiliate ___ Candidate ___ Student

CFA Society Chicago Member Number: _____

Social Security No./National Identification No. _____ Birth-date _____

Applicant Name _____

Business Address _____

_____ Telephone _____

Home Address _____

_____ Telephone _____

Email Address _____

Preferred Address for mailing purposes (check one) Business [] Home []

Are you currently employed? No [] Yes [] If yes, please check one: Part-time [] Full-time []

Employer's Name _____

Job Title _____

Department in which you work _____

May we contact your supervisor? No [] Yes []

If yes, name of supervisor _____ Phone: _____

Email: _____

Are you currently a student? No [] Yes [] If yes, please check one each: Part-time [] Full-time []

Undergraduate [] Graduate []

Name of undergraduate college or university _____

Name of graduate college or university _____

Highest degree held _____

If no degree is held, when do you expect to receive your degree? _____

Current field of study _____

2. REVIEW COURSE PREFERENCES

Please check preferred format for Kaplan Schweser review course (pick one): Live [] On-line [] Self-Study []

3. WORK HISTORY, EDUCATION & OTHER – Please attach a resume to this application.

4. ESSAY – **Attach** a 400 word (maximum) **TYPED** essay outlining your educational and career objectives and the reason the scholarship would be beneficial in meeting those goals. Please be specific regarding circumstances, *including financial need*, which you feel qualify you for this scholarship. A complete application form must be included.

5. RELEASE OF INFORMATION:

I authorize the release of all scholarship materials, including references and financial information (if I wish to be considered for need-based scholarships), to the members of the selection committee. In the event I am awarded a scholarship, information on this page may be released (except financial information) to the media. I certify that I have read and complied with the directions and deadline dates for applying for the Kimberly Paige Memorial Study Scholarship. I have attached the required essay for the scholarship for which I am applying. I certify that I am not eligible for reimbursement from my company for the purchase of any commercial CFA review courses (i.e., the Kaplan Schweser review course).

Signature of Applicant

Date

SUBMISSION - Please submit the completed application form to **CFA Society Chicago**. Application must be **RECEIVED BY** the **WEDNESDAY, JANUARY 4, 2019 – 5:00 PM** deadline:

CFA Society Chicago (Attn: Kimberly Paige Memorial Study Scholarship)
33 N. LaSalle St. – Suite 910
Chicago, IL 60602
Fax: 312-251-1303
scholarships@cfachicago.org