



FPA Oregon and SW Washington Chapter

2024 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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