

The Montgomery Scholarship Fund

**Administered by the Financial Planning Association of Minnesota
 in honor of Henry and Andrew Montgomery • Established January 2002**

Instructions for the Scholarship Application

- A. **Eligibility:** *In order for one to be eligible for a \$1,000 tuition scholarship, all of the following qualifications must be met.*
1. *Is admitted to a program administered by an accredited university or college registered with the CFP™ Board*
 2. *Has an intention to take all required courses and the review course for the CFP™ Board of Standards certificate examinations, and become a CFP™ designee*
 3. *Is a member of and demonstrates involvement in the Financial Planning Association of Minnesota*
 4. *Demonstrates academic accomplishments; i.e., GPA and degrees received as well as professional and community involvement*
 5. *Furnishes two letters of support from either professors or practicing CFP™ professionals*
 6. *Furnishes a one-page essay indicating reasons for becoming a Certified Financial Planner (CFP™)*
 7. *Willing to attend an awards ceremony.*

- B. **Submission Information:**
*Applications must be received by
 December 31st.*

*Forward to:
 Financial Planning Association of Minnesota
 3900 Main Street N.E.
 Minneapolis, MN 55421*

Financial need will be considered. Limit of one scholarship per individual. Recipient will receive \$500 upon selection and an additional \$500 upon passing the CFP Board exam if within a two year timeframe from receipt of awarded scholarship.

Name:	SS#:
Email Address:	
Address, City & Zip:	
Office Phone:	Home Phone:

Name of Institution (university) that you intend to enroll in for the Financial Planning Certificate Program and your anticipated year of graduation:

Name _____ Date _____

The curriculum of the institution must be registered and approved by the CFP™ Board of Standards.

What courses are you planning to register for the Fall and Spring Semester? Please list.

Fall Semester:

- a) _____
- b) _____
- c) _____

Spring Semester:

- a) _____
- b) _____
- c) _____

Are you planning to take a review course?

- a) Yes; when (date) _____
- b) No

When are you planning to take the CFP Board of Standards certificate examination?

Month and Year: _____

How long have you been a member of FPA MN? _____

Briefly describe your involvement in FPA MN:

Academic Background:

Name	Year	Degree or Certificate Awarded	GPA

Current & Previous Employers: Please list them for the past ten years and start with the most current.

Employer	Address	Position

Professional Achievements: Please list them for the past five years and start with the most current.

Type of Award	Year	Name of Organization Awarded

Involvement in Community Services: Please list them for the past ten years and describe the nature of involvement.

Type of Community Service	Year	Nature of Involvement

Do you believe that you are in need of financial assistance? _____Yes _____No

Please describe:

References: Please give names of individuals who support your application.

Name	Position	Company

Signature of Applicant:

Date: