



FINANCIAL PLANNING ASSOCIATION OF MINNESOTA

ANNUAL ASCEND CONFERENCE SCHOLARSHIP STUDENT & CAREER CHANGER APPLICATION

*2023 FPA MN Annual Ascend Conference: November 7 – 8 (In-person Conference)
Minneapolis Convention Center 1301 2nd Avenue South Minneapolis, MN 55403*

AWARD

This is an opportunity to apply to attend The Annual ASCEND Conference to network with financial planners as well as hear and learn from keynote speakers. If awarded a scholarship, there will be no charge to attend the 2-day in-person conference.

ELIGIBILITY & REQUIREMENTS

To be eligible for an ASCEND Conference Scholarship, all the following qualifications must be met:

1. Is admitted to a university or college as a full-time student or is changing professions and does not have ASCEND Conference registration fees covered by their employer.
2. Demonstrates academic achievements, i.e., GPA, and degrees received, as well as professional and community involvement.

3. Please write a paragraph indicating reasons you should be considered for an ASCEND Conference scholarship.
4. Provides one letter of support from either a professor, instructor, or financial planning professional.
5. Provides a current resume.

SUBMISSION INFORMATION

Applicants must be received by September 30th. Applications received after the deadline are not guaranteed to be reviewed or considered.

Applications selected to participate will be notified no later than Monday, October 3rd.

INFORMATION

Please visit the FPA of MN ASCEND Conference website (<http://www.fpamnascend.org>) to find the most updated information on the program schedule, speakers, exhibitors.

ATTIRE

The dress code is business casual. There will be opportunities to meet with attendees including exhibitors.

CANCELLATIONS

If you must cancel, please call the FPA of MN office ASAP (763-781-1212).

QUESTIONS?

Please contact David Leflar (FPA MN Career Development Committee Director) at david.leflar@prudential.com or 763-367-3040.

APPLICATION INFORMATION

Full Name:

Date:

FIRST	LAST	MI.	
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Badge Name:

School Attending or Profession Transitioning From:

If Student, Year in School & Major:

If Career Changer, time in transition & financial planning education coursework or licensing (if applicable):

Address:

STREET	APT/UNIT
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CITY	STATE	ZIP
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Phone:

Email:

Are you currently an FPA member? YES NO

Applying for:

Full Scholarship Reduced Student Rate of \$100

DISCLAIMER AND SIGNATURE

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application and all future applications void.

Signature:

Date:

Please enclose supporting information then submit application to: careerdevelopment@fpamn.org