



FINANCIAL PLANNING ASSOCIATION OF MINNESOTA

The Montgomery Scholarship Fund

Administered by the Financial Planning Association of Minnesota in honor of Henry and Andrew Montgomery – Established in January 2002 & Reimagined in 2022

AWARD

Recipients seeking support with their career development in the financial planning industry will receive a monetary scholarship (up to \$1,000). The following is a summary of examples that a recipient may utilize scholarship funds for. This is not an exhaustive list and other functions may be considered for this scholarship.

- **Professional Programs**
 - For example: CFP® Education Program, CFP® Review Course, CFP® Exam, and FPA Externship Program Registration
- **Professional Events**
 - For example: FPA Chapter Meetings, Events, and Conferences
- **Professional Dues**
 - For example: FPA membership, and CFP® Board Certification Fee

ELIGIBILITY & REQUIREMENTS

For one to be eligible for a scholarship (up to \$1,000) all the following qualifications must be met:

1. Member of the Financial Planning Association of Minnesota.
2. Furnishes a one-page essay indicating reasons for how this scholarship award will support their career development within the financial planning industry.
3. Submits supporting information relating to the professional program, event, or dues that they are planning to utilize scholarship funds for.
4. Submits supporting information relating to the applicant's academic accomplishments as well as professional and community involvement (this could include education transcripts, resume, letters of support from professors, professional and/or community involvement supervisors, or other industry professionals).
5. Recipients will receive 50% of the granted scholarship upon selection then the remaining 50% upon completion of the professional program or event.

APPLICATION INFORMATION

Full Name:

FIRST	LAST	ML
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Date:

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

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