



Minnesota Chapter
3900 Main Street N.E.
Minneapolis, MN 55418
Office (763) 781-1212
Fax (763) 226-2393

Web site: www.fpamn.org

FPA Residency Scholarship Fund Application

**Administered by the Financial Planning Association of Minnesota
Established February 2004**

Instructions for the Scholarship Application

- A. **Eligibility:** *In order to be eligible for a \$2,000 tuition scholarship, all of the following qualifications must be met.*
1. *Is a CFP® certificant with three or fewer years of experience **or** is a candidate for CFP® Certification who has successfully completed the CFP® Certification Examination **or** is eligible to sit for the CFP® Certification Examination*
 2. *Is a member of and demonstrates involvement in the Financial Planning Association of Minnesota*
 3. *Demonstrates academic accomplishments; i.e., GPA and degrees received as well as professional and community involvement*
 4. *Furnishes two letters of support from either professors or practicing CFP® professionals*
 5. *Furnishes a one-page essay indicating reasons for becoming a CERTIFIED FINANCIAL PLANNER™*
 6. *Is willing to attend an awards ceremony*

- B. **Submission Information:**
Applications must be received a minimum of 30 days prior to the [FPA Residency Program](#).

Financial need will be considered. Limit of one scholarship per individual. Recipient will receive \$2,000 upon completion of the FPA Residency Program if within a 18 month timeframe from receipt of awarded scholarship.

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

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

When are you planning to complete the FPA Residency Program?

Month and Year: _____

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

Briefly describe your involvement in FPA of 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	Phone

Signature of Applicant:

Date: