Review Course Scholarship Application | AFWA Members Only

CPA, CMA, CIA, CFP, PMP, EA or CISA

**PLEASE READ AND COMPLETE THIS APPLICATION CAREFULLY!!**

**ONLY COMPLETED CANDIDATE SUBMISSIONS WILL BE CONSIDERED.**

**Return application an all accompanying documents to Foundation@AFWA.org**

**Certification Review Course Scholarships**

**Purpose:** To provide registration for a Certification Review course.

**Criteria:** Scholarship awards are presented to AFWA members only.

**Timeline:** applications may be submitted any time throughout the year and will be reviewed by The Foundation on a monthly basis. Applicants will hear of selection within 90 days of submission.

The following Review Course Scholarships are available thanks to The Foundation of AFWA's valued partners:

* Wiley CPAexcel Platinum Review Course, CMAexcel Review Course, CIA Review Course, CFP Review Course, and PMP Review Course
* Surgent CPA, EA, CMA, CIA, and CISA Exam Prep

 

The certificate is only valid for courses occurring after the scholarship has been awarded and cannot be retroactively applied to previous review coursework.

Review course programs will be selected by The Foundation and distributed based on availability

 **1. APPLICANT INFORMATION**

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| --- |
| **AFWA Membership (chapter or member at large)** |
|  |
| **Date Applicant Joined AFWA** |
| **Date of Scholarship Application** |
|  |
| **Name of Applicant** |
|  |

**Review Course for Application** *(select any that apply)*

☐ Wiley CPAexcel Platinum Review Course

☐ Wiley CMAexcel Review Course

☐ Wiley CIA Review Course

☐ Wiley CFP Review Course

☐ Wiley CFP Review Course

☐ Wiley PMP Review Course

☐ Surgent CPA Exam Prep

☐ Surgent EA Exam Prep

☐ Surgent CMA Exam Prep

☐ Surgent CIA Exam Prep

☐ Surgent CISA Exam Prep

**2. PERSONAL DATA (Contact information where applicant may be reached)**

|  |
| --- |
| **Address** |
|  |
| **City/State/Zip** |
|  |
| **Telephone Email Address** |
|  |
| **Employer Title** |

**3.** **AFWA Participation (those that you have participated in)**

 ☐ Meetings & Chapter Events ☐ Chapter or National Committees

 ☐ Local AFWA Conferences ☐ National & Regional AFWA Conferences

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| --- |
| **Please include any additional information regarding your AFWA participation and leadership** |
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**4. ACADEMIC BACKGROUND** *(Post-Secondary Schools Attended - list most recent first)*

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| --- |
| **College/University** |
| **From – To** |  |
|  |  |
| **Major** | **Grade Point Average - Overall** |
|  |  |
|  | **Grade Point Average – Accounting/Finance courses** |
|  |  |

|  |
| --- |
| **College/University** |
| **From - To** |  |
|  |  |
| **Major** | **Grade Point Average - Overall** |
|  |  |
|  | **Grade Point Average – Accounting/Finance courses** |
|  |  |

**5. ADDITIONAL DOCUMENTS**

1. **ESSAY** – Please complete a short essay telling us about yourself and your goals, including a brief paragraph about your involvement with AFWA. (150 to 250 words)
2. **RESUME** – Please attach a copy of your current resume.
3. **TRANSCRIPT** - Official copy of university or college grade transcript(s) for all work leading to exam eligibility. Official hard copies can be sent to: 2365 Harrodsburg Road, A325, Lexington, KY 40504. Electronic copies can be sent to: foundation@afwa.org

The candidate understands that, if selected, she or he will be asked to provide a digital picture of self and sign a release so that The Foundation can publish the picture and a brief biography of candidate. If required, a candidate may need to supply their Social Security Number for reporting purposes.

*Review course programs will be selected by The Foundation and distributed based on availability. Please do not call or email requesting the status of your application. The winner will receive a non-transferrable certificate to be presented at the time of registration for the future review course. Application submission does not guarantee a scholarship.*