



## Military Master of Science in Finance Degree Scholarship Form

To promote professionalism in the fields of finance or financial analysis, and specifically to a member of the armed services or their spouse, this scholarship is awarded annually to a qualified graduate student who is interested in pursuing a Master of Science in Finance Degree or a Master of Science in Finance Degree, Financial Analysis. To be eligible for this scholarship, you must have applied for and been accepted into the College for Financial Planning's Graduate Degree Programs, Master of Science in Finance Degree or Master of Science in Finance Degree, Financial Analysis, no later than September 1 of the current year.

- The scholarship will cover all remaining courses needed to complete the degree. See [www.cffp.edu](http://www.cffp.edu) for description of other fees that may apply.
- Deadline for submission of nominations to the College for Financial Planning is September 1 annually.
- One scholarship per year (either in the Master of Science in Finance Degree **or** Master of Science in Finance Degree, Financial Analysis) will be awarded to an applicant in **each** of the following categories:
  - An active duty member of the armed services
  - An active duty reservist of the armed services
  - A spouse of an active duty member of the armed services
- Applicants will be informed no later than December 31 each year of the scholarship committee's decisions.
- Applicants must submit evidence of eligibility.

Applicants must mail or fax this completed typed or clearly hand-printed form by September 1. Applications received after September 1 will be reviewed after September 1 of the subsequent year. Please include: current résumé, statement of goals, and two letters of recommendation from professional contacts. Letters should not exceed one 8½-by-11 inch typed page. Please send to the address listed below.

College for Financial Planning  
Attn: Scholarship Committee  
8000 E. Maplewood Ave. Suite 200, Greenwood Village, CO 80111, fax (303) 220-4811

If you have questions, please call our Academic Counselor at 1-800-237-9990 x4862 or e-mail [patrice.bradford@cffp.edu](mailto:patrice.bradford@cffp.edu).

### Type or Print Clearly

<b><u>Nominee Information</u></b>				
Rank	Last Name	First Name	Middle Name (or initial)	Suffix (Jr., Sr., III, etc.)
Street Address		Apt. No.	<input type="checkbox"/> Home <input type="checkbox"/> Business	
City		State	Zip	
Home Telephone		Work Telephone		
Social Security Number		Date of Birth		

<b><u>Military Information</u></b>					
Service:	<input type="checkbox"/> U.S. Army	<input type="checkbox"/> U.S. Air Force	<input type="checkbox"/> U.S. Navy	<input type="checkbox"/> U.S. Marine Corps	<input type="checkbox"/> U.S. Coast Guard
Status:	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Active Duty Reservist	<input type="checkbox"/> Active Duty Spouse		

**Section 1.**

**Nominee Education (Non-military only) List most recent first.**

From: Mo/Yr

To: Mo/Yr.

Institution

Street Address

City

State

Zip

Degree(s) earned from this institution  High school or GED  Associate's Degree  Bachelor's Degree  Master's Degree  
 Doctoral Degree  No degree

From: Mo/Yr

To: Mo/Yr.

Institution

Street Address

City

State

Zip

Degree(s) earned from this institution  High school or GED  Associate's Degree  Bachelor's Degree  Master's Degree  
 Doctoral Degree  No degree

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Degree(s) earned from this institution  High school or GED  Associate's Degree  Bachelor's Degree  Master's Degree  
 Doctoral Degree  No degree

**Section 2: Community Service-**Please attach an explanation of areas in which the nominee contributed to the community, including:

Non-military Awards

Speaking Engagements

Volunteer Work

By signing this application the applicant attests that all information regarding the applicant and his or her spouse is true and accurate as of the date of this application. The applicant further agrees that he or she will notify the College for Financial Planning Scholarship Committee of any changes to such information within 30 days of any change in such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_