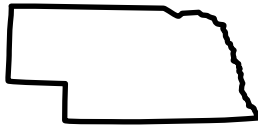


# FPA Nebraska



FPA of Nebraska  
P.O. Box 24133  
Omaha, NE 68124  
Office: (402) 397-0280  
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E-mail: [fpa@cam-omaha.com](mailto:fpa@cam-omaha.com)

## FPA of Nebraska CFP® Scholarship

Administered by the Financial Planning Association of Nebraska  
and the FPA of Nebraska Foundation

Funded in Part By:



### Instructions for the Scholarship Application

- A. **Eligibility:** In order to be eligible for a \$1,000 tuition scholarship, all the following qualifications must be met:
1. You have been admitted to a program administered by an accredited university, college or other institution registered with the CFP® Board.
  2. You have an intention to take all required courses and the review course for the CFP® Board of Standards certificate examinations, and become a CFP® designee.
  3. You have demonstrated academic, professional and community accomplishments.
  4. You are a resident of Nebraska or Iowa.
- B. Submission Information:  
Applications must be received by Sept. 30.

*Winners will be recognized at the  
FPA of Nebraska meeting on Nov. 19, 2010.*

*Recipients will receive \$500  
upon selection and an additional \$500  
upon passing the CFP® Board exam.*

NAME \_\_\_\_\_ SS# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Where do you intend to enroll for the Financial Planning Certificate Program?

NAME OF INSTITUTION

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The curriculum of the institution must be registered and approved by the CFP® Board of Standards

What courses are you planning to register for during the Fall and/or Spring Semester? Please List:

FALL COURSE # 1

SPRING COURSE # 1

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FALL COURSE # 2

SPRING COURSE # 2

---

FALL COURSE # 3

SPRING COURSE # 3

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Are you planning on taking a review course?  YES (Date: \_\_\_\_\_)  NO

When are you planning on taking the CFP® Board of Standards Certificate Exam?

MONTH/YEAR

---

**ACADEMIC BACKGROUND**

**NAME OF INSTITUTION #1**

YEAR

---

DEGREE OR CERTIFICATE AWARDED

GRADE POINT AVERAGE

---

**NAME OF INSTITUTION #2**

YEAR

---

DEGREE OR CERTIFICATE AWARDED

GRADE POINT AVERAGE

---

**NAME OF INSTITUTION #3**

YEAR

---

DEGREE OR CERTIFICATE AWARDED

GRADE POINT AVERAGE

---

**EMPLOYMENT** – Please list current & previous employers; start with the most recent.

**EMPLOYER #1**

JOB TITLE

---

ADDRESS

---

**EMPLOYER #2**

JOB TITLE

---

ADDRESS

---

**EMPLOYER #3**

JOB TITLE

---

ADDRESS

---

**PROFESSIONAL ACHIEVEMENTS** – Please list any professional achievements; start with the most recent.

**#1** \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

**#2** \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

**#3** \_\_\_\_\_ YEAR \_\_\_\_\_

AWARDED \_\_\_\_\_

**COMMUNITY SERVICE** – Please describe your nature of involvement in up to 3 areas of community service

**TYPE OF COMMUNITY SERVICE #1** \_\_\_\_\_ YEAR \_\_\_\_\_

NATURE OF YOUR INVOLVEMENT \_\_\_\_\_

**TYPE OF COMMUNITY SERVICE #2** \_\_\_\_\_ YEAR \_\_\_\_\_

NATURE OF YOUR INVOLVEMENT \_\_\_\_\_

**TYPE OF COMMUNITY SERVICE #3** \_\_\_\_\_ YEAR \_\_\_\_\_

NATURE OF YOUR INVOLVEMENT \_\_\_\_\_

**REFERENCES** – Please give the names of three individuals who support your application.\*

**REFERENCE #1** \_\_\_\_\_ JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**REFERENCE #2** \_\_\_\_\_ JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**REFERENCE #3** \_\_\_\_\_ JOB TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

*\* Feel free to attach letters of recommendation to your application.*

