



OF ORANGE COUNTY

You may type or write *legibly* to complete this application.

First Name:	Last Name:
-------------	------------

Address:	City, State, ZIP:
----------	-------------------

Phone: (please list at least one) W _____ H _____ C _____	_____ _____ _____
--------------------------------------------------------------------	-------------------------

Email Address:
----------------

**CFP Board-Registered Program** in which you are currently enrolled or recently graduated: \_\_\_\_\_  
 \_\_\_\_\_

Type of degree/certificate: \_\_\_\_\_

**CFP® Certification Program Course Work** (for GPA, assume a four point scale; please note if otherwise)

Cumulative GPA: All courses \_\_\_\_\_ Core financial planning courses \_\_\_\_\_

**\* Please also submit a current, original transcript.**

Please list the required financial planning courses you have not yet taken (if applicable):


When are you planning to take the CFP® Certification Examination? Mo/Yr \_\_\_\_\_

Are you planning to take a comprehensive review course before the exam? Y N

If yes, please indicate which one (if known): \_\_\_\_\_

<b>Academic Background:</b> Other than the answers provided above, have you earned any additional degrees?			
Institution	Degree or Certificate	Year	GPA

<b>Current &amp; Previous Employment:</b> Please list your employment history for the past five years, starting with the most recent.			
Employer	Dates	Street/City/State	Position/Responsibilities

<b>Professional Achievement:</b> Please list any professional achievements for the past five years, starting with the most recent.		
Type of Award/Honor	Year	Name of Organization

<b>Community Service:</b> Please list any community service activities for the past five years, describing the nature of your involvement.		
Type of Community Service	Year	Nature of Involvement

**Short Essay:** Please answer the following questions in your own words. You may attach extra pages if needed.

1. Why have you chosen the financial planning profession?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
2. What do you feel are the benefits of obtaining the CFP® certification?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
3. What are your career goals beyond becoming a CFP® certificant?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
4. Describe where you see yourself professionally five years from now.

5 How do you plan to achieve the professional aspirations you have indicated?

6 In your opinion, how can FPA best serve to further enhance the value of the financial planning profession?

Do you have any additional comments we should consider with your application?

By my signature below, I agree that the information submitted herein is complete, truthful and accurate, to the best of my knowledge. I understand that FPAOC will not be liable for paying an awarded scholarship, in whole or in part, if I fail to fulfill my responsibilities within the prescribed time frame. Additionally, I do intend to become an involved member of FPA as I recognize the importance and value of actively contributing to the advancement of my profession.

<b>Signature of Applicant:</b>	<b>Date:</b>
--------------------------------	--------------

**Please return to [admin@fpaoc.org](mailto:admin@fpaoc.org).**

**We will review all applications and notify you of the outcome approximately two weeks after the stated deadline. If selected, the chapter will cut a check directly to you.**

*Certified Financial Planner Board of Standards Inc. owns the certification marks CFP®, Certified Financial Planner™ and federally registered CFP (with flame design) in the U.S., which it awards to individuals who successfully complete CFP Board's initial and ongoing certification requirements.*