

FPA of Hawaii Scholarship

INVEST IN YOUR FUTURE WITH FPA OF HAWAII
APPLY FOR THE SCHOLARSHIP TODAY!



FINANCIAL
PLANNING
ASSOCIATION

HAWAII

PO Box 63236, Ewa Beach, HI 96076 | fpahawaii.org

FPA of Hawaii Scholarship Application Form

Please complete the following form to apply for the FPA of Hawaii Scholarship. All fields are required unless noted otherwise.

Today's Date: _____

Applicant Information

Full Legal Name: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Employer: _____ Phone Number: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility Criteria

Are you a Hawaii resident? Yes No

Do you have less than 2 years (730 days) of experience in financial services from date of this application? Yes No

Are you receiving any financial support, now or in the future, to fully cover the cost of the CFP® exam fee? Yes No

CFP® Exam Information

Planned CFP® Exam Date (Month/Year): _____

If you have already taken the exam, please provide the date and pass confirmation:

Date of Exam: _____ Confirmation: _____

Please provide the following along with this application:

- Any receipts of your out-of-pocket expense you paid to register for the CFP® Exam.
- A copy of your unofficial preliminary or official passing results notice from the CFP® Board.
- Scholarship essay on the topic below (minimum 500-word/maximum 750-word)

Topic: What motivates you to pursue the Certified Financial Planner® (CFP®) designation, and how do you intend to apply this certification in your career over the next three years?

FPA of Hawaii Scholarship – Attestation Agreement

Please carefully read the statements below. By checking the box and typing your name, you are confirming your agreement to the terms outlined.

As an applicant of the FPA of Hawaii Scholarship, I hereby attest and confirm the following:

a. I understand that any scholarship awarded will be up to the amount of my **out-of-pocket expenses** incurred to register for the CFP® Exam, **less any financial assistance** I have received or will receive from other sources, including but not limited to **employer reimbursements** or **other scholarships**.

b. I agree to **repay the full amount** of any scholarship awarded to me **within 30 days** if it is discovered that I have received or will receive **duplicate financial support** covering the same CFP® exam registration fee.

The intent of this scholarship is to provide support where no other funding is available. FPA of Hawaii reserves the right to review, validate, and adjust awards to ensure alignment with this principle.

I acknowledge and agree to the above terms.

Signature: _____ **Date:** _____

Typed Full Name: _____