

Application Deadline: July 15, 2017

## **CFMA TWIN CITIES CONCURRENT SCHOLARSHIP APPLICATION**

## **CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION**

The Source and Resource for Construction Financial Professionals

| Name:                     |   |                     |                                       |  |
|---------------------------|---|---------------------|---------------------------------------|--|
|                           | First   | Middle              | Last                                  |  |
| Current Address:          |   |                     | ()                                    |  |
|                           | Street  | City                | State/Zip                             | Phone                                      |
| Darmanant Address         |   | •                   | -                                     | 1 110110                                   |
| remailent Address.        |   |                     | , , , , , , , , , , , , , , , , , , , |  |
|                           | Street  | City                | State/Zip                             | Phone                                      |
| E-mail:                   | <del></del>   |                     |                                       |  |
| Accredited College/Uni    | versity you will be attending ne                                | ext term?           |                                       |  |
| Will you be enrolled as   | a full-time student next term/se                                | mester? Yes / No    | (Please circle one) GPA: _            |  |
| Undergraduate Major:      |   | Class Standin       | g Next Term:                          |  |
| -                         |   |                     |                                       | unior, Senior)                             |
| Anticipated Undergradu    | ate graduation date:  |                     |                                       |  |
| Employer:                 |   |                     |                                       |  |
| Company Name:             |   | Addr                | ess:                                  |  |
| Phone: ()                 |   |                     | Phone: (                              | )  |
| •                         |   |                     |                                       |  |
|                           |   |                     |                                       |  |
| Dates Employed: From      |   | To:                 |                                       |  |
| Name of CFMA Genera       | ıl Member:  |                     | Phone: (_                             | )  |
| Dafananaaa                |   |                     |                                       |  |
| References:               |   |                     |                                       |  |
| Please list one reference | e from your employer. Please re                                 | quest that the refe | rence listed below provide a          | reference letter that can be sent with you |
| application or separately | y to the CFMA – Twin Cities.                                    |                     |                                       |  |
| Name:                     | Phone: (  | )                   | E-mail:                               |  |
|                           |   |                     |                                       |  |
| Certification:            |   |                     |                                       | <del></del>                                |
|                           | hereby certify that I have provon submitted by me in connecting | _                   |                                       | application. I authorize the publication   |
| resease of any informati  | on saoninaed by the in conficeti                                | on with this applic | canon to any person, min, co          | rportation of association.                 |
| Applicant Signature       |   | Print Na            | me                                    | Date                                       |
| Please Return Application | To:   |                     |                                       |  |
| Scholarship Committee     |   |                     |                                       |  |
| CFMA - Twin Cities Chap   | oter  | 1027 W Roselawr     | n Avenue                              | Roseville, MN 55113                        |