



CGFM SCHOLARSHIP APPLICATION
Program Year 2008-2009

Name: _____ Member ID# _____
Mailing Address: _____ Telephone No.: _____
Work: _____
Alternate: _____
Current Employer _____ Position/Title _____

Please check appropriate program(s)

CGFM scholarship [] \$412 Well Done award [] \$50 Total _____

Requirements:

Did you pass all parts of the exam? [] Yes [] No
Did you pass all parts of the exam within one year? (if no, well done award only) [] Yes [] No
Did you personally incur the application and test fees for the CGFM exam? (if no, well done award only) [] Yes [] No
Are you an AGA-Guam Chapter member in good standing? [] Yes [] No

Please attach the following documents:

- [] Copy of your exam results stating that you passed all parts of the exam.
[] Copy of application and test fees.

I certify that the information provided in this application form is true and correct.

Applicant _____ Date: _____

Approved _____ Date: _____

Doreen Crisostomo, Ph.D., CGFM
CGFM Chairperson