

**CHATTANOOGA AREA CHAPTER
ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
SCHOLARSHIP APPLICATION**

Name: _____

Local Address: _____

Permanent Address: _____

Local Phone: _____ Permanent Phone: _____

Are you a CFE member? Yes _____ No _____

Are you a CFE member's child? Yes _____ No _____

Are you a CFE member's spouse? Yes _____ No _____

HIGH SCHOOL ATTENDED

School Name	Graduation Date	GPA
_____ / _____ / _____	_____ / _____ / _____	_____ / _____

COLLEGES & UNIVERSITIES ATTENDED

Dates Attended	Major	Overall GPA	School Name	Major GPA
_____ / _____ / _____	_____	_____ / _____	_____ / _____ / _____	_____ / _____
_____ / _____ / _____	_____	_____ / _____	_____ / _____ / _____	_____ / _____

EMPLOYMENT HISTORY

Employer	Work Duties	Hours Per Week	Start Date/ End Date
_____ / _____	_____ / _____	_____ / _____	_____ / _____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____ / _____

ORGANIZATIONS AND ACTIVITIES

Name of Organization	Role	Dates Involved
_____ / _____	_____ / _____	_____ / _____ / _____
_____ / _____	_____ / _____	_____ / _____ / _____
_____ / _____	_____ / _____	_____ / _____ / _____
_____ / _____	_____ / _____	_____ / _____ / _____

I certify that this information is true and correct to the best of my knowledge.

Signature

Date