

**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**