



# NexGen Scholarship Program

Please answer all questions in this application, including listing “not applicable” where appropriate.

First Name:	Last Name:	FPA Member #:
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Address, City, State & ZIP:	Email:
	Phone:

**Degree(s) held** (please state degree, emphasis, college/university, and GPA):

\_\_\_\_\_

**Financial services designation(s)** obtained or pursuing (with year completed/expected):

\_\_\_\_\_

**Financial services certification program(s)** in which you are currently enrolled or graduated:

\_\_\_\_\_

**Community Service Involvement:**

\_\_\_\_\_

**Current & Previous Employment:** Please list your last two employers.

Employer	Dates	Street/City/State	Position/Responsibilities

**Professional Achievement:** Please list any professional achievements for the past ten years.

Type of Award/Honor	Year	Name of Organization



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**Short Essay Section:** Please answer the following questions on a separate sheet of paper in your own words.

1. Why have you chosen the financial planning profession?
  
  
  
  
  
  
  
  
  
  
2. What is your interest in, or experience with the NexGen community as it relates to the financial planning profession?
  
  
  
  
  
  
  
  
  
  
3. What do you specifically hope to accomplish by participating in the FPA NexGen Gathering?

By my signature below, I agree that the information submitted herein is complete, truthful and accurate, to the best of my knowledge. I have read, understand and will comply with all Guidelines for this Scholarship Program. I further understand that FPA will not be liable for paying an awarded scholarship, in whole or in part, if I fail to fulfill my responsibilities for the program within the prescribed time frame.

The decision to award this scholarship shall be made in the full discretion of the FPA NexGen Scholarship Committee or other body duly appointed by the FPA Board of Directors.

Additionally, I do intend to become an involved member of FPA as I recognize the importance and value of actively contributing to the advancement of the profession.

<b>Signature of Applicant:</b>	<b>Date:</b>
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