APPLICATION
SOCIETY CFA® SCHOLARSHIP PROGRAM—JUNE 2009

Society scholars must fulfill all CFA candidate requirements to register. If society scholars are undergraduate students, they must be in the final year of their degree program.

**Candidate Cost:**
- This scholarship will waive the Enrollment fee and all but US$220.00 of the Registration fee.
- The chosen scholarship candidate will be responsible for the fee unless otherwise noted:

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**Complete the following (please print):**

June 2009 Exam                        Enrollment Level I II III (circle one)

Candidate No.:  ____________________ Social Security No./National Identification No.:  ____________________

Name:  ________________________________________________________________

Mailing Address:  _______________________________________________________

City:  ___________________________ State:  ___________ Zip:  ___________

Home Phone:  ________________ Work Phone:  ________________ Fax:  __________

E-mail:  __________________________

Have you already registered for the CFA exam?  [ ] Yes  [ ] No

Are you a member of a CFA Institute Society?  [ ] Yes  [ ] No

If yes, give name:  _____________________________________________________

Are you employed?  [ ] Part-time  [ ] Full-time  Name of employer:  __________________________________________

Address of employer:  __________________________________________

Occupation:  __________________________________________

May we contact your supervisor?  [ ] Yes  [ ] No

If yes, name of supervisor:  __________________________ Phone:  __________________________

Are you a student?  [ ] Part-time  [ ] Full-time  Level of school completed:  __________________________

Name of undergraduate college or university:  __________________________

Name of graduate college or university:  __________________________

Highest degree held:  __________________________________________

If no degree is held, when do you expect to receive your degree?  __________________________________________

Current field of study:  __________________________________________

Name of Professor:  __________________________ Phone:  __________________________

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*Please complete the questions on the reverse side of this form*
Why do you want to achieve the CFA® Charter?


Briefly describe your involvement in activities and organizations:


Briefly describe your financial need for this scholarship:


I heard about this scholarship from:


Optional:  
Attach Resume  
Attach College Transcript  
Letter of Recommendation


(Date)       (Signature)

Please return this Application to:  
Laura Beebe  
FBL Financial Group Inc.  
Securities Dept - E2 NE 29  
5400 University Avenue  
West Des Moines, IA  50266-5997  
laura.beebe@fblfinancial.com