



CGFM SCHOLARSHIP APPLICATION
Program Year 2024- 2025

Name: _____

AGA Member ID# _____

Mailing Address:

Telephone No.: _____

Email: _____

Current Employer:

Position/Title:

Requirements:

Did you pass the final exam within this fiscal year?

☐ Yes ☐ No

Did you personally incur the application and test fees for the CGFM exam?

☐ Yes ☐ No

Are you an AGA-Arkansas Chapter member in good standing?

☐ Yes ☐ No

Are you currently employed as a governmental accountant?

☐ Yes ☐ No

Please attach the following documents:

☐ Copy of your exam results stating that you passed all parts of the exam

☐ Proof of payment of application and/or test fees

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

Applicant Signature:

Date:

Approved

Date:

CGFM Chairperson
AGA Central Arkansas Chapter