

**MIDDLE TENNESSEE 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**

School Name	Major	Dates Attended	Overall GPA	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

**Scholarship & Outreach Committee  
Middle Tennessee Chapter of Association of Certified Fraud Examiners  
P.O. Box 198361  
Nashville, TN 37219**

For additional information, contact us at [info@middletennesseecfe.org](mailto:info@middletennesseecfe.org)