



CGFM SCHOLARSHIP APPLICATION
Program Year 2025-2026

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