



The Association of
Accountants and
Financial Professionals
in Business



LEHMAN
COLLEGE



CMA Scholarship Program Application

Student Name Information: (As per government ID)

First/Given Name: _____

Last/Family Name/Surname: _____

Student(Emplid)
ID _____

Enrollment Status (Circle as Appropriate): Bachelor's Degree Master's Degree

Year of Study:
_____ (Freshman/Sophomore/Junior/Senior/Master)

Major Field of Study: _____

Expected date of Graduation (Month/Year): _____

Email Address: _____

Student Street/P.O. Box: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Mobile Phone: _____

IMA Member # (if already a member): _____

- Personal Statement of no more than 400 words, clearly and concisely stating the reason for applying for the scholarship