2023 COLORADO CHAPTER OF THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS SCHOLARSHIP APPLICATION

DEADLINE: APRIL 12, 2024

NAME:		PHONE:		
ADDRESS DURIN	G SCHOOL YEAR:			
CITY:	ST	ATE:	ZIP:	
EMAIL ADDRESS	:			
COLORADO RES	IDENT: YES	_NO		
COLLEGE ATTEN	NDING:			
OVERALL GPA:	GRADU.	ATION DAT	TE:	
MAJOR:	EXPECT	TED DEGRE	CE:	
CURRENT STATU	JS: () SOPHOMORE() JUN	IOR () SE	NIOR () GRADUATE	
EXPECTED TOTA FALL 2016:	AL QUARTER/SEMESTER/TR	IMESTER I	HOURS ENROLLED	
PHONE:	EMAIL ADDRE	ESS:		
OTHER UNIVERS	ITIES/COLLEGES ATTENDE	ED:		
DATES	NAME OF SCHOOL	DEG	REE (IF APPLICABLE)	

HONORS, AWARDS AND COMMUNITY	SERVICE:
LIST OF ORGANIZATIONS IN WHICH	YOU ARE ACTIVE (COMMUNITY,
CAMPUS, PROFESSIONAL, ETC.):	
THE INFORMATION I HAVE SUBMITT	ED IS COMPLETE AND ACCURATE TO
THE BEST OF MY KNOWLEDGE. ANY	FALSE INFORMATION WILL RESULT IN
RETRACTION OF ANY SCHOLARSHIP	AWARDED.
SIGNATURE:	DATE:
YOUR SIGNATURE AUTHORIZES REL	EASE OF STUDENT'S NAME,
PHOTOGRAPH, AND SCHOOL TO THE	MEDIA AND FOR COCFE AND ACFE
PURLICATIONS AND WERSITE	

SCHOLARSHIP CHECKLIST

- **TRANSCRIPT(S)** showing all completed university or college courses completed.
- **❖** THREE letters of recommendation, at least one of which must be from an instructor in accounting or criminal justice. Additional recommendations may come from advisors, faculty members, employers or other persons with applicable reference information.
- **❖** An original 250 to 500-word essay explaining why the applicant is seeking the scholarship award and how fraud awareness will affect his or her professional career development.

SUBMIT COMPLETED APPLICATION PACKET IN SINGLE PDF FILE VIA EMAIL TO: lincampo@jeffco.us

WWW.COCFE.ORG