



CLEVELAND

Freight Association

P.O. Box 81002 AMF Cleveland, Ohio 44181

www.cfacle.org

SCHOLARSHIP FUND APPLICATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

CFA Member Relationship to Applicant (if any) _____

Current employment or scholastic status:

Name of Company _____

Position/Type of Work _____

Name of School _____

Seeking Degree In _____

Expected Graduation _____

Please respond to the following questions and information:

1. How did you learn about this Scholarship Fund?

2. Describe the course that the scholarship award would be used for.

3. List your Professional or Educational organization that the scholarship will be used toward.