



**CGFM REVIEW EXAM QUESTIONS SCHOLARSHIP REQUEST FORM  
Program Year 2021 – 2022**

<b>AGA Member Name:</b>		<b>AGA Member No.</b>	
<b>Mailing Address:</b>			
<b>Email Address:</b>		<b>Mobile No.:</b>	
<b>Current Employer:</b>		<b>Job Title:</b>	
<b>Start - Exam Eligibility Period:</b>		<b>End - Exam Eligibility Period:</b>	

**Requirement Checklist & Documents Required**

(Please check REQUIREMENTS below and submit ALL required supporting documents as part of your application to facilitate an expeditious review.)

1. \_\_\_\_\_ An AGA Member upon request of the reimbursement.
2. \_\_\_\_\_ Applicant had applied for the CGFM Program.
3. \_\_\_\_\_ Personally, paid for the CGFM Review Exam Questions. *(Please attach copy of Review Exam Questions invoices/receipt.)*
4. \_\_\_\_\_ Purchased the exam parts within applicant’s CGFM eligibility period. *(Please attach a copy of “My Path to CGFM” or the CGFM Eligibility Letter.)*

**Summary of Reimbursement:**

<b>Date Paid</b>	<b>Ref. No./Invoice No.</b>	<b>Type of Payment</b>	<b>Amount</b>
		<b>GE Exam 1</b> (Governmental Environment)	
		<b>GAFRB Exam 2</b> (Governmental Accounting, Financial Reporting and Budgeting)	
		<b>GFMC Exam 3</b> (Governmental Financial Management and Control)	
		<b>Total</b>	

(Reimbursement subject to Availability of Funds)

I, \_\_\_\_\_ certify that the information and documents provided in this application from is true and correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CERTIFICATION COMMITTEE REVIEW & RECOMMENDATION FORM**

\_\_\_\_\_ Applicant is an AGA Member.  
 \_\_\_\_\_ Applicant submitted their “My Path to CGFM” for compliance with eligibility period.  
 \_\_\_\_\_ Applicant submitted all required documents evidencing the applicant personally paid for the reimbursements.  
 Exam Review Questions Reimbursement Approved Amount: \_\_\_\_\_

Reviewed and Approved by Certification Committee Director:

\_\_\_\_\_  
 Josie G. Villanueva, MBA, CPA, CGMA, CGFM, CSAF, SHRM-CP, PMP

\_\_\_\_\_  
 Date

Date Paid:	_____
Check No.:	_____
Processed by:	_____

# **CGFM Review Exam Questions Scholarship Request Form**

## **PURPOSE:**

The *Certified Government Financial Manager (CGFM)* is a professional certification awarded by AGA, demonstrating competency in governmental accounting, auditing, financial reporting, and internal controls and budgeting at the federal, state, and local levels.

This scholarship aims to promote CGFM as the certification of choice for government accountability professionals. The Director, Assistant Director, or a designee of the Certification Committee are responsible for the promotion, execution, and updating of the CGFM scholarships.

## **PROGRAM AND APPLICABILITY:**

The *CGFM Review Exam Questions Reimbursement Scholarship* program is available to AGA Members. Members can be reimbursed for cost personally incurred. Applicants must submit their application to the committee within six (6) months of the purchase date of the review exam questions. Scholarship for this reimbursement program will not exceed the cost for each of the three-part review exam questions within the applicant's CGFM eligibility period.

AGA Members are defined as AGA Guam Chapter Members or Guam students that are also National Members.

## **REQUIREMENTS:**

1. Must be an AGA Member upon request of the reimbursement.
2. Must show proof that applicant applied for the CGFM examination.
3. Must have personally paid the CGFM Review Exam Questions.
4. Must provide a copy of their invoice/receipt when requesting for the reimbursement.
5. No more than three (3) review exam questions will be awarded within an applicant's eligibility period. Note that the eligibility period for this program is the corresponding eligibility period awarded by AGA National in the applicant's CGFM Eligibility Letter.