The Association of Accountants and Financial Professionals in Business

CMA® Scholarship Program

Overview

CMA® (Certified Management Accountant) is the gold standard of certification in management accounting. It is unique among professional and academic credentials, designed specifically for accounting and financial management professionals in business. Achieving the CMA designation demonstrates professional expertise in financial planning, analysis, control, decision support, and professional ethics – essential skills sought after by successful organizations and their financial team leaders.

IMA® (Institute of Management Accountants) is committed to supporting the education of future accounting and finance professionals working in business. As part of this effort, IMA has instituted the CMA Scholarship Program which honors top students by recognizing them with this scholarship.

Recipients of the CMA Scholarships will receive a comprehensive package of benefits enabling them to study for and take the CMA exam at no cost. The benefits include:

- IMA membership for up to 3 years while pursuing completion of the CMA exam
- Entrance fee to the CMA program
- Exam Support Package – an assessment tool that can help assess the content covered on the CMA exam
- Registration fees for the first attempt at both parts of the CMA exam
- Wiley CMAexcel Review Course - comprehensive online materials for both exam parts **(U.S. students only)**

The CMA Scholarship is activated at the time a nominee joins IMA and registers for the CMA Program. The scholarship recipient has up to 3 years to successfully complete both parts of the CMA exam.

Eligibility Requirements

IMA is pleased to offer the CMA Scholarship opportunity to up to 10 of your students who are interested in pursuing CMA Certification. This includes both undergraduate and graduate level students in accredited accounting or business programs. Multiple faculty members can submit nominations but the limit is 10 per school, per academic year.

Students in both U.S. and international accounting and finance programs are eligible to apply. For undergraduate programs, there is a preference that students completing the junior (third) year of their program be nominated for the award. Undergraduate and graduate level scholarships are awarded based on faculty nomination.

10 Paragon Drive
Suite 1
Montvale, NJ 07645-1760
www.imanet.org

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Acknowledgement of Scholarships

In addition to the benefits mentioned above, faculty will be provided with soft copies of CMA scholarship certificates to share with students that attest to their selection as recipients of CMA scholarships. It is IMA's expectation that schools will present these certificates to the scholarship winners at award program ceremonies or any other appropriate recognition events.

Application Process

Faculty should submit CMA Scholarship nomination forms by June 1. (Earlier submission is encouraged.)

Completed applications should be submitted to:

CMA Scholarship Program
Institute of Management Accountants
10 Paragon Dr, Suite 1
Montvale, NJ 07645-1760
Attention: Research

Nomination forms may also be submitted electronically to research@imanet.org.

Questions regarding this program should be sent to Dr. Raef Lawson, IMA VP-Research and Professor-in-Residence at research@imanet.org.

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CMA Scholarship Program

Nomination Form for Undergraduate and Master's Programs

Name of Institution: _____

Address: _____

_____

Faculty Contact Member: _____

Faculty E-mail: _____ Telephone: _____

I hereby nominate the students listed below for CMA scholarships.

Faculty Member's Signature: _____ Date: _____

Nominee # 1:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯ ; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

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CMA Scholarship Program

Nomination Form for Undergraduate and Master's Programs

Nominee # 2:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

Nominee # 3:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

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CMA Scholarship Program

Nomination Form for Undergraduate and Master's Programs

Nominee # 4:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

Nominee # 5:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

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Nomination Form for Undergraduate and Master's Programs

Nominee # 6:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

Nominee # 7:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

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Nomination Form for Undergraduate and Master's Programs

Nominee # 8:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

Nominee # 9:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

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Nomination Form for Undergraduate and Master's Programs

Nominee # 10:

Student Name Information: Last / Family Name/ Surname _____

First / Given Name _____

Status (Check as Appropriate): Undergraduate ◯ Graduate ◯; Full-time ☐ Part-time ☐

Major Field of Study: _____ Expected Date of Graduation: _____

Overall GPA: _____ Major Course Work GPA _____

E-mail Address: _____

Primary Mailing Address: _____

District Name _____ City _____

State / Province _____ Zip/ Postal Code _____

Country: _____ Phone: _____

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