

**ARIZONA ASSOCIATION OF CERTIFIED FRAUD EXAMINERS  
CHAPTER GRANT  
2012 APPLICATION**

The Arizona Chapter of the Association of Certified Fraud Examiners is committed to providing financial assistance to our membership for continuing education and professional development efforts. Each year, a certain amount of money will be allocated for use towards these endeavors. The intent of the Grant is to assist our members with their individual out-of-pocket expenses, not to replace entity funding (no reimbursement will be made to any public agency or private company). Grant funding may be applied towards registration reimbursement of ACFE events or the ACFE certification software.

*Applications will be accepted throughout the year until the allocated grant funds are awarded.*

All applicants applying for an AZ ACFE Grant must be a current member in good standing with the Chapter and the National Association. The Grant process is competitive and awards will be made at the discretion of the Grant Committee based on justification and merits of each application in accordance with the criteria as stated below:

- Applicant shall submit an original, typed essay of at least 300 words explaining how attending the applicable training or becoming a Certified Fraud Examiner (CFE) is relevant to their professional career development. The essay will be evaluated on the applicant's goals:
  1. Demonstrate a commitment to furthering your education in Fraud Awareness and relevance to your current position
  2. Express a desire to assume increased responsibility and/or participation within the Chapter
  3. Identify how the knowledge & technical expertise gained through this training may be shared with the membership (i.e., through an article, presentation, etc.).
  4. Applicant shall provide the extent of financial support available from employer, or provide certification (below) where no financial support is available.
  5. Applicant shall provide a brief summary of their personal goals and how this grant will help achieve them.
  
- Applicant shall provide one letter of professional reference which attests to their character and professionalism.
  
- Applicant shall submit a current resume.

*The recipients of the Chapter Reimbursement Grants will be announced periodically throughout the year.*

***NOTE: Recipients must submit proof of event attendance (i.e., a CPE Certificate). If a recipient fails to attend the event, or fails to provide proof of attendance, the awarded grant must be returned within 30 days. If the recipient chooses to use the grant money for the CFE Certification software the grant money will be sent to you upon passing the CFE Exam.***

The following persons are ineligible to receive an AZ ACFE Reimbursement Grant:

- Previous recipients of an AZ ACFE Chapter Scholarship or Grant or the National Ritchie-Jennings Memorial Scholarship.
- Current Officers or Directors of the AZ ACFE or AZ ACFE Scholarship Committee, and members related to any current Officer or Director
- Members related to any current Officer or Director of the National ACFE; the National ACFE Foundation; or to any member of the National ACFE Foundation Scholarship Committee.

Please complete the following fields. Print legibly or type:

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Application is for:** \_\_\_\_\_

**Disclosure of Financial Support (required, if applicable):**

I, \_\_\_\_\_, \_\_\_\_\_ of the \_\_\_\_\_

(Supervisor's Name, Title) (Employer Name)

Do hereby certify that the \_\_\_\_\_ will not be providing any financial support

(Employer Name)

to \_\_\_\_\_ to attend the \_\_\_\_\_ to be held

(Applicant Name)

(Title of Training Event)

On \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Event Date)

(Supervisor Name)

(Date of Certification)

*I certify that all of the information on this application and related enclosures is true and correct. I understand that it is my responsibility to ensure that all required components of my Grant application package are complete. I understand that the decision of the AZ ACFE Grant Committee is final and not subject to review or challenge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Questions regarding this Grant and Grant Applications should be e-mailed to:

[acfeazgrants@gmail.com](mailto:acfeazgrants@gmail.com)

Completed Application packets should be submitted in one envelope addressed to:

The AZ ACFE, Attn: Grant Committee P.O. Box 65241, Phoenix, Arizona