

**CGFOA**  
**CPFO Exam Reimbursement Grant Application**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Entity:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CGFOA Membership:**      **Yes**              **No** (Membership required)

**Which test:** \_\_\_\_\_ **Amt Paid:** \_\_\_\_\_

**Test Date and Location:** \_\_\_\_\_

**Please submit proof of passing the exam with the application.**

**Reimbursement should be made to:**

\_\_\_\_\_

**And should be mailed to:**

\_\_\_\_\_

\_\_\_\_\_  
**Signature Attendee**

\_\_\_\_\_  
**Date**