CMA Scholarship Program

Overview

The 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 test bank access for up to 2 years for both CMA exam parts (all regions, except China and India)

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.

Faculty can nominate up to 10 students per university per academic year. Students must be currently enrolled full-time and attending regular classes to be nominated. Students who have already graduated would not qualify for the CMA Scholarship. Students cannot self-nominate.

Application Process

CMA Scholarship nomination forms are accepted throughout the academic year (September – June). Completed applications should be submitted via email as follows:

Americas and Europe – CMAScholarship@imanet.org
China/Hong Kong – fguan@imanet.org
India - jo.regio@imanet.org
Middle East/Africa – rmalhotra@imanet.org
Southeast Asia – jolyn.teo@imanet.org
Japan and Korea – nmichelskim@imanet.org

Questions regarding this program should be sent to CMAScholarship@imanet.org.
CMA Scholarship Program

Eligibility Requirements

IMA is pleased to offer the CMA Scholarship opportunity to up to 10 students per university per academic year. Universities can submit the 10 student nominations as a group, in smaller groups, or individually throughout the year; however, the total number of nominations per school cannot exceed 10 per academic year. This includes both bachelor’s and master’s degree students in accredited accounting or business programs. Students must be currently enrolled full-time in a program to be nominated. Students who have already graduated would not qualify for the CMA Scholarship. For bachelor’s degree programs, there is a preference that students completing the junior (third) year of their program be nominated for the award. Scholarships are awarded based on faculty nomination. Please be sure to coordinate the nominations internally within your department to ensure the total number does not exceed the limit of 10 per year. For universities in the Middle East and India, a letter on university letterhead from the department chair is requested to confirm the selected nominees.

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.

Name of Institution/College/University: __________________________________________________________

Address: _____________________________________________________________________________________

_______________________________________________________________________________________________

I hereby nominate the students listed below for CMA scholarships: Date: ________________

Faculty Member Name: __________________________________________________________

Faculty Member E-mail: ___________________________________ Telephone: ________________________

FORMS MUST BE TYPED AND ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS. NO HANDWRITTEN FORMS WILL BE ACCEPTED.
CMA Scholarship Program

Nominee # 1:

Student Name Information: Last/ Family Name/ Surname ________________________________

First/ Given Name ________________________________

Enrollment Status (Check as Appropriate): Bachelor’s Degree □ Master’s Degree □

Major Field of Study: __________________________ Expected Date of Graduation (Month/Year): _____________

Personal e-mail Address: ____________________________________________________________

Street/ P.O. Box: _____________________________________________________________

City __________________________ State / Province _________________________________

Zip/ Postal Code __________________________ Country: ______________________________

Phone: __________________________ IMA Member # (if already a member): ________________________

Nominee # 2:

Student Name Information: Last/ Family Name/ Surname ________________________________

First/ Given Name ________________________________

Enrollment Status (Check as Appropriate): Bachelor’s Degree □ Master’s Degree □

Major Field of Study: __________________________ Expected Date of Graduation (Month/Year): _____________

Personal e-mail Address: ____________________________________________________________

Street/ P.O. Box: _____________________________________________________________

City __________________________ State / Province _________________________________

Zip/ Postal Code __________________________ Country: ______________________________

Phone: __________________________ IMA Member # (if already a member): ________________________
CMA Scholarship Program

Nominee # 3:
Student Name Information: Last/ Family Name/ Surname __________________________________________________________
                                           First/ Given Name _____________________________________________
Enrollment Status (Check as Appropriate): Bachelor’s Degree □ Master’s Degree □
Major Field of Study: __________________________ Expected Date of Graduation (Month/Year): __________________
Personal e-mail Address: ____________________________________________________________
Street/ P.O. Box: ____________________________________________________________________________
City __________________ State / Province ____________________________________________________________
Zip/ Postal Code __________________ Country: _________________________________________________
Phone: __________________________________ IMA Member # (if already a member): ______________________

Nominee # 4:
Student Name Information: Last/ Family Name/ Surname __________________________________________________________
                                           First/ Given Name _____________________________________________
Enrollment Status (Check as Appropriate): Bachelor’s Degree □ Master’s Degree □
Major Field of Study: __________________________ Expected Date of Graduation (Month/Year): __________________
Personal e-mail Address: ____________________________________________________________
Street/ P.O. Box: ____________________________________________________________________________
City __________________ State / Province ____________________________________________________________
Zip/ Postal Code __________________ Country: _________________________________________________
Phone: __________________________________ IMA Member # (if already a member): ______________________

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Nominee # 5:

Student Name Information: Last/ Family Name/ Surname ____________________________________________

First/ Given Name ____________________________________________

Enrollment Status (Check as Appropriate): Bachelor’s Degree ☐ Master’s Degree ☐

Major Field of Study: ______________________ Expected Date of Graduation (Month/Year): ______________

Personal e-mail Address: ____________________________________________

Street/ P.O. Box: ________________________________________________

City __________________ State / Province _____________________________

Zip/ Postal Code ________________________________ Country: ________________________________

Phone: __________________________ IMA Member # (if already a member): __________________________

Nominee # 6:

Student Name Information: Last/ Family Name/ Surname ____________________________________________

First/ Given Name ____________________________________________

Enrollment Status (Check as Appropriate): Bachelor’s Degree ☐ Master’s Degree ☐

Major Field of Study: ______________________ Expected Date of Graduation (Month/Year): ______________

Personal e-mail Address: ____________________________________________

Street/ P.O. Box: ________________________________________________

City __________________ State / Province _____________________________

Zip/ Postal Code ________________________________ Country: ________________________________

Phone: __________________________ IMA Member # (if already a member): __________________________

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Nominee # 7:
Student Name Information: Last/ Family Name/ Surname __________________________________________
First/ Given Name __________________________________________
Enrollment Status (Check as Appropriate): Bachelor’s Degree [ ] Master’s Degree [ ]
Major Field of Study: ____________________________ Expected Date of Graduation (Month/Year): _____________
Personal e-mail Address: __________________________________________
Street/ P.O. Box: __________________________________________
City ____________________________ State / Province __________________________________________
Zip/ Postal Code ____________________________ Country: __________________________________________
Phone: ____________________________ IMA Member # (if already a member): __________________________

Nominee # 8:
Student Name Information: Last/ Family Name/ Surname __________________________________________
First/ Given Name __________________________________________
Enrollment Status (Check as Appropriate): Bachelor’s Degree [ ] Master’s Degree [ ]
Major Field of Study: ____________________________ Expected Date of Graduation (Month/Year): _____________
Personal e-mail Address: __________________________________________
Street/ P.O. Box: __________________________________________
City ____________________________ State / Province __________________________________________
Zip/ Postal Code ____________________________ Country: __________________________________________
Phone: ____________________________ IMA Member # (if already a member): __________________________

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Nominee # 9:

Student Name Information: Last/ Family Name/ Surname ____________________________________________

First/ Given Name ____________________________________________

Enrollment Status (Check as Appropriate): Bachelor's Degree ☐ Master's Degree ☐

Major Field of Study: ___________________________ Expected Date of Graduation (Month/Year): ____________

Personal e-mail Address: ____________________________________________

Street/ P.O. Box: ____________________________________________

City ___________________________ State / Province ____________________________

Zip/ Postal Code ___________________________ Country: ____________________________

Phone: ___________________________ IMA Member # (if already a member): ____________________________

Nominee # 10:

Student Name Information: Last/ Family Name/ Surname ____________________________________________

First/ Given Name ____________________________________________

Enrollment Status (Check as Appropriate): Bachelor's Degree ☐ Master's Degree ☐

Major Field of Study: ___________________________ Expected Date of Graduation (Month/Year): ____________

Personal e-mail Address: ____________________________________________

Street/ P.O. Box: ____________________________________________

City ___________________________ State / Province ____________________________

Zip/ Postal Code ___________________________ Country: ____________________________

Phone: ___________________________ IMA Member # (if already a member): ____________________________

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