



The Association of
Accountants and
Financial Professionals
in Business

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 – fquan@imanet.org

India - jo.rego@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.



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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.**



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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): _____

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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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