

## ACFE Incentive Reimbursement Form

Applicant Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

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Have you been an ACFE Chapter Member for at least one year? ☐ Y or ☐ N

Did you apply for the prep course and exam? ☐ Y or ☐ N

Did you apply for only the exam? ☐ Y or ☐ N

Did you receive any other form of reimbursement? ☐ Y or ☐ N

If yes, how much? \_\_\_\_\_

Did you attach evidence of amount paid and results from exam? ☐ Y or ☐ N

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

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Please send completed application and supporting documentation to:

**Albany Area Chapter – ACFE**  
**Attn: CFE Scholarship Committee**  
**POB 7242**  
**Albany, New York 12224-0242**