

# APPLICATION FORM - NON-US RESIDENT

## 2019 ABA STONIER GRADUATE SCHOOL OF BANKING

**ACCELERATED PROGRAM** Only ABA Member-eligible institutions are accepted into the Accelerated Program. Government agencies also qualify.

**JUNE 6-13, 2019** | UNIVERSITY OF PENNSYLVANIA | PHILADELPHIA, PA



American Bankers Association

APPLICANT NAME \_\_\_\_\_  
(Enter name as it should appear on your diploma.)

Title \_\_\_\_\_ Nickname (for badge) \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Check here if you want mail sent to your home address

**SPECIAL NEEDS** If you have special needs that may affect your participation in this event, please check here.

We will contact you to discuss accommodations.

Answers to these questions are required to complete your registration. Visit [aba.com/terms](http://aba.com/terms) to learn more.

Yes No I have the authority to consent (or have received the Registrant's authority to consent) to the use of personal data such as name, title, company name, email address and mailing address. I understand that personal data is being collected for purposes of this event.

Yes No I have read and agree to the [ABA Conference/School Registration and Attendance Terms and Conditions](#).

Yes No I consent to ABA, its affiliates, subsidiaries and service providers using my personal data such as name, title, company name, email address and mailing address to send me information regarding ABA products and services.

Yes No I consent to ABA, its affiliates and subsidiaries sharing my personal data such as name, title, company name, email address and mailing address with third parties for the purpose of sending information regarding their products and services.

### TUITION FEES (Please check appropriate boxes.)

<b>ABA Member/ABA Service Member</b>	\$4,245
<b>Supervisory Agency</b>	\$4,245
<b>Non-Member</b>	\$5,245

Please have your university send a copy of your official transcript to Andrea Scott.

### NOMINATING OFFICER'S INFORMATION

This application must be approved by the president, department head, human resource officer or other executive authorized by your bank/organization as the nominating officer. The nominating officer will be contacted on a periodic basis and apprised of the student's progress

OFFICER'S NAME \_\_\_\_\_

Title \_\_\_\_\_ Bank/ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

### PAYMENT

**TOTAL FEES \$** \_\_\_\_\_

Payment of tuition is due upon acceptance of the application. Your check or credit card will be processed at that time.

Charge my credit card. I agree to pay the tuition amount according to the card issuer agreement.

VISA Diners Club MasterCard American Express/Optima Discover

Check  Check payable to ABA for all fees. Check must be accompanied by registration form.  Send invoice upon acceptance

Card # \_\_\_\_\_

Expiration Date (mm/yyyy) \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay the above total amount according to the card issuer agreement.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS BEFORE SUBMITTING. Application will be reviewed and considered for acceptance.

Questions: Please contact Andrea Scott at [ascott@aba.com](mailto:ascott@aba.com) or 202-663-5197 for more information.

### TWO WAYS TO APPLY

**1 FAX**  
202-663-7543

**2 MAIL**  
Andrea Scott  
ABA Stonier Graduate School of Banking  
1120 Connecticut Ave., NW,  
Washington, DC 20036

[Click here for ABA Conference/School Registration and Attendance Terms and Conditions](#) or visit [aba.com/terms](http://aba.com/terms) to learn more. Application Deadline: May 1, 2019

**ATTENDANCE LIMITATIONS AND LIABILITY** Attendance at all ABA, ABA subsidiary and ABA affiliate programs will be considered on a first-come, first-served basis. If the program is cancelled, the liability of ABA, its subsidiaries and affiliates, is limited to the paid tuition.

### APPLICANT INFORMATION

#### FINANCIAL SERVICES EXPERIENCE

Please review admission requirements.

Year started work in the financial services industry: \_\_\_\_\_

List your financial services experience below, current position first. Applicants must have at least 5 years of experiences in the financial services industry.

**CURRENT POSITION** \_\_\_\_\_

Officer (Check = yes)

Years From/To \_\_\_\_\_

**PRIOR POSITION** \_\_\_\_\_

Officer (Check = yes)

Years From/To \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Title/Position \_\_\_\_\_

**PRIOR POSITION** \_\_\_\_\_

Officer (Check = yes)

Years From/To \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Title/Position \_\_\_\_\_

Please indicate how you acquired knowledge through your experiences in at least three of the five following areas required for acceptance: financial statement analysis, bank operations, credit administration, accounting, and/or economics. (Please outline your experience on a separate attachment).

\_\_\_\_\_

#### Educational Background (highest level attended)

MBA in Finance

MS in Finance