

**Scholarship Application**  
**AFP Southwest Florida Chapter**  
**Date Approved: June 14, 2016**

**PART I – PERSONAL & EMPLOYMENT INFORMATION**

<b>PERSONAL INFORMATION</b>					
Last Name		First Name			
Job Title/Position:			Employer:		
Current Business Address:			E-Mail Address		
City		State		ZIP	
Business Phone:		Cell Phone:		Business Fax:	
Are you a member of AFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received the CFRE designation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received prior assistance from this fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FUND DEVELOPMENT INFORMATION</b>					
<b>Are you currently employed in a Fund Development Position?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Number of years in the profession:</b>	
If you are NOT employed full-time in a Fund Development Position, Please outline the nature and extent of your responsibilities and activities in Fund Development:					
List below, in point form, all your volunteer activities with the chapter. Where applicable, list the capacity in which you were involved and time commitment					
Have you made a donation to the AFP Every Member Campaign (EMC) this year?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART II – SCHOLARSHIP REQUESTED**

<input type="checkbox"/>	CFRE Credential
<input type="checkbox"/>	Chamberlain Scholarship
<input type="checkbox"/>	Planet Philanthropy
<input type="checkbox"/>	Membership Incentive

**PART III – BENEFITS OF PROGRAM, AND PROFESSIONAL DEVELOPMENT ACTIVITIES**

**WHAT BENEFITS DO YOU EXPECT TO SEE AS A RESULT OF YOUR PARTICIPATION IN THIS PROFESSIONAL DEVELOPMENT ACTIVITY?**

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**HOW WILL THE INFORMATION YOU GAIN FROM THIS COURSE OR EVENT BE PASSED ON / SHARED WITH OTHER PEOPLE INVOLVED IN YOUR ORGANIZATION?**

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**LIST ANY PREVIOUS COURSES, CONFERENCES, SEMINARS OR TRAINING IN FUNDRAISING YOU HAVE PARTICIPATED IN:**

1.
2.
3.
4.
5.
6.
7.

**PART V – SIGNATURE / ENDORSEMENTS**

**APPLICANT DECLARATION**

**By signing this application, I declare and acknowledge:**

1. That to the best of my knowledge and belief, I hereby verify that the information and summary of activities as submitted in this application are correct
2. That I, the applicant, meet the eligibility requirements as outlined in the AFP Southwest Florida Chapter Scholarship Program guidelines
3. That I will be responsible for submitting a written report on the event covered by this application, so that the chapter may share the benefit of this experience with other members.
4. That if I receive scholarship my name may be published in the chapter newsletter
5. That I understand the information provided on this application may be used for research and statistical analysis
6. That if any information is inaccurate, that any awards may be reassessed and/or withdrawn

*Signature*

*Date*

**Submit this completed application via e-mail to [afpfl@verizon.net](mailto:afpfl@verizon.net)**

**For Chapter Use Only**

Date Received: \_\_\_\_\_ Action Taken: \_\_\_\_\_

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