



2017 AFP Foundation Chamberlain Scholarship Application Eastern PA Chapter

Deadline for receipt of applications: Monday, October 24, 2016

Personal Data

Applicant's Name _____

Are you a member of AFP? _____ Are you a member of AFP - Eastern PA Chapter? _____

Job Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Home Phone Number _____

Email Address _____ Website URL _____

How long have you been responsible for fundraising with your present organization? _____ Yrs. _____ Months

Supervisor's Signature _____
(or signature of an Executive Committee member on your organization's board)

Phone Number _____

Background Information

Years in the Fundraising Profession _____

Previous Training in Fundraising _____

(Please specify courses, seminars, conferences attended)

Professional Reference _____

(Other than present employer)

Phone _____ Email _____

In your current position, percentage of time performing direct fundraising activities: _____%

Have you ever applied for a scholarship from this chapter? Yes _____ Year: _____ No _____

Have you ever received a scholarship from this chapter? Yes _____ Year: _____ No _____

Please summarize the reasons for your request for scholarship assistance:

I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended an NSFRE/AFP International Conference on Fundraising and understand that only one individual from my local organization can be selected.

(Applicant's Signature)

(Date)

Return application to: AFP - Eastern PA Chapter, P.O. Box 91, East Texas, PA 18046 or email to epachap@ptd.net