

*Capital Area Chapter –
Association of Fundraising Professionals
2017 Scholarship Application*

Personal Data

Applicant's Name _____

Are you a member of AFP? _____ Job Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone Number (____) _____ Cell Phone Number (____) _____

Email Address _____ Website URL _____

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

Executive Director's Approval (Signature) _____
(Or signature of the board president if applicant is the Executive Director)

Background Information

Years in the Profession _____

Previous Training in Fundraising _____
(Please specify courses, seminars, conferences attended)

Professional Reference _____ Phone _____
(Other than present employer)

I am requesting a scholarship for (please check all that apply):

____ Membership in AFP International (\$250)

____ Attendance at the annual CAC-AFP Conference March 1, 2017 (\$95)

____ Attendance at _____ CAC-AFP monthly luncheon programs (nine offered annually \$15/each for members)

I certify that I am employed as a full-time fundraising professional or spend at least 50% of my time fundraising for my employer. Without a scholarship, I am unable to become a member in the AFP-CAC, attend the annual conference or attend monthly luncheon programs. I understand I am responsible for the CAC portion of dues, currently \$60 – Professional Member or \$25 – Young Professional Member.

(Applicant's Signature)

(Date)

____ Professional Membership

____ Young Professional Membership