



AFP Alaska Chapter Chamberlain Scholarship Application

Date _____

Are you a current member? _____

Name _____

Title _____

Organization _____

Email _____

Work Address _____

City, Zip _____

Work Phone _____

Cell Phone _____

How long have you been responsible for fundraising with organization? (# months & years) _____

Years in the Fundraising Profession _____

Professional Reference _____

Reference Phone _____

Reference Email _____

In the past 2 years, I have attended:

_____ # of AFP Luncheon Trainings
_____ # of AFP International Conferences
_____ # of AFP Audio conferences

_____ # of AFP Chapter Conferences
_____ # of AFP Chapter Socials
_____ served on chapter committee?

Do you personally represent one of the following dimensions of diversity?

- Human Diversity - physical differences inc. gender, age, race, sexual orientation and physical/mental ability ____
- Cultural Diversity - beliefs, values, and personal characteristics, including ethnicity and religion ____
- Systems Diversity - organizational structure and management systems, grassroots organizations ____

**Please share: 1) Amount requested and what is the professional development scholarship to be used for? 2) why financial assistance is needed 3) how you feel this scholarship will help you professionally?*

Applications accepted on a rolling basis and reviewed quarterly until filled

Submit completed application to Scholarship Committee via Nancy Anderson at 907 224-6396 or nancy@alaskasealife.org

For Alaska Chapter Use: Date Received _____ Date Committee Reviewed _____
Approved _____ Amount Awarded \$ _____