



# AFP Alaska Chapter National Philanthropy Day 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 Chapter Conferences
_____ # of AFP International Conferences	_____ # of AFP Chapter Socials
_____ # of AFP Audio conferences	_____ 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 how funds will be used? 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](mailto:nancy@alaskasealife.org)

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