



AFP Alaska Chapter Membership 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 _____

I am applying for Young Professional _____ **Small Nonprofit** _____ **Professional** _____ **Associate** _____

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) your reason for wanting to be or continue to be an AFP Member. 2) why financial assistance is needed to be a member, and 3) how you feel this experience will help you professionally. 4) Membership category - Small NPO, Young Professional or Professional*

Applications accepted on a rolling basis and reviewed quarterly until filled

Please submit completed application to Scholarship Committee via Nancy Anderson at nancya@alaskasealife.org

For Alaska Chapter Use: Date Received _____ Date Committee Reviewed _____

Approved _____ Amount Awarded \$ _____