



**AFP Foundation
Chamberlain Scholarship Program
Deadline for applications: September 14, 2018**

Personal Data

First Name: _____ Last Name: _____

AFP Member: Yes No AFP Member Number: _____ CFRE: Yes No

Job Title: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Home Phone Number: _____

Email Address: _____ Website URL: _____

Supervisor's Name: _____ Approve Application Yes No

(or an Executive Committee member on your organization's board)

Supervisor's Phone #: _____

Background Information

Years in the fundraising profession: _____ Years in current position: _____

Have you attending any AFP sponsored events in the last 2 years? Yes No

If yes, please list _____

Have you volunteered in support of the work of AFP Montana in any capacity? Yes No

(eg. activities such as registering people at a training, serving a committee, gaining sponsorship from an employer, or board leadership).

If yes, please list _____

Previous training in fundraising (Please specify courses, seminars and if possible, include a brief statement of how your skills and/or abilities improved from attending).

(Attach additional sheet not to exceed 1 page if more space is needed)

