



Membership Scholarship Application Complimentary 1-Year Membership

Thank you for your interest in applying for the AFP Southeastern Chapter Scholarship!

We believe in making our chapter accessible to everyone, especially during these exciting times. By offering a free 1-year membership, we're inviting you to experience the benefits and opportunities we offer without any barriers.

Please complete the application form in its entirety.

Personal Information

1. **Full Name:**

First/Last Name: _____

2. **Email Address:**

3. **Phone Number:**

4. **Date of Birth:**

_____ (MM/DD/YYYY)

5. **Mailing Address:**

Street Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____

6. Membership Type applicable ([list of membership categories](#)):

Professional

Associate

Young Professional



Demographic Information

6. Gender (Optional):

- Male
- Female
- Non-binary
- Prefer not to answer
- Other: _____

7. Ethnicity (Optional):

- Hispanic or Latino
 - White or Caucasian
 - Black or African American
 - Asian or Pacific Islander
 - Native American or Alaska Native
 - Mixed/Multiracial
 - Prefer not to answer
 - Other: _____
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Educational and Employment Information

9. Current Education Level:

- High School
- Some College
- Bachelor's Degree
- Graduate Degree
- Other: _____

10. Are you currently enrolled in school or pursuing any formal education?

- Yes
- No



11. Current Employment Status:

- Employed Full-time
- Employed Part-time
- Unemployed
- Student
- Self-employed
- Other: _____

12. How many years of Fundraising or Development experience do you have?

- 0
- 1-9
- 10-19
- 20+

13. Has your company ever paid any professional membership dues on your behalf?

- Yes
- No

Membership Need & Financial Information

12. Please provide a brief explanation of why you believe you would benefit from a 1-year membership with AFP and how you would contribute to AFP's mission and vision.

(150 words max.)

- _____



13. Describe any financial challenges or obstacles you are currently facing that would prevent you from paying for a membership.

(150 words or less.)

Additional Information

17. How did you hear about this scholarship?

- Social Media
- Website
- Referral (Friend, Family, etc.)
- Email Newsletter
- Other: _____

18. Have you ever received any other scholarships or financial assistance for memberships from the AFP Southeastern Chapter?

- Yes
- No
- If yes, please describe: _____

19. Please provide any additional information that you think would help us understand your need for this scholarship. (Optional)

Agreement

By submitting this application, I confirm that the information provided is accurate and true to the best of my knowledge. I understand that this scholarship is based on availability, eligibility, and financial need, and there is no guarantee of receiving the membership.

- I agree to the terms and conditions.

Signature (Type your full name): _____

Date: _____