

# AFP Foundation

## 2024 Chamberlain Scholarship Program

**Deadline for applications: Friday, December 22, 2023 at 4:30 p.m.**

### Personal Data

Applicant's Name: \_\_\_\_\_

Are you a member of AFP?: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Personal Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_  
(or signature of an Executive Committee member on your organization's board)

Phone Number: \_\_\_\_\_

### Background Information

Years in the Profession: \_\_\_\_\_

Previous Training in Fundraising: \_\_\_\_\_  
(Please specify courses, seminars, conferences attended)

Professional Reference: \_\_\_\_\_  
(Other than present employer)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended an NSFRE/AFP International Conference on Fundraising and understand that only one individual from my local organization can be selected.*

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**Note: Before you apply, please verify with your supervisor that you will be able to attend the conference April 16-28, 2023 in New Orleans. If you have questions or need additional information, please contact Karen Tuecke at [karen@dbqpbvms.org](mailto:karen@dbqpbvms.org) or 563-588-2008.**

**Additional Questions Required by the Chapter:**

1. List below all of your volunteer activities with the Chapter. Where applicable, list the capacity in which you were involved and the time commitment.
2. Have you made a donation to the AFP Be the Cause Campaign this year? Yes No
3. What benefits do you expect to see as a result of your participation in this professional development activity?
4. How will information you gain from this conference be shared with other people involved with your organization and the broader AFP-GTS Chapter?

**By submitting this application, I declare and acknowledge:**

1. That to best of my knowledge and believe, I hereby verify that this information and the summary of activities as submitted in this application are correct.
2. That I, the applicant, meet the eligibility requirements as outlined in the AFP, IA Greater Tri-States Chapter Scholarship Policy.
3. That I will be responsible for sharing my experience with other AFP, IA Greater Tri-States Chapter members, so that the chapter may share the benefit of this experience with other members.
4. That if I receive this scholarship my name may be published in the chapter newsletter and on the chapter website.
5. That I understand the information provided on this application may be used for research and statistical analysis.
6. That if any information is inaccurate, that any awards may be reassessed and/or withdrawn.

**Please return your completed application to:**

Karen Ann Tuecke

[Karen@dbqpbvms.org](mailto:Karen@dbqpbvms.org)

Partner in Mission and AFP- Greater Tri-State Chapter President

Sisters of the Presentation

2360 Carter Road, Dubuque, IA 52001