

AFP Foundation
2020 Chamberlain Scholarship Program
Deadline for applications: October 15, 2019

PERSONAL DATA

Applicant's Name _____

Are you a member of AFP? _____

Job Title _____

Employer _____

Business Address _____

City State Zip _____

Business Phone Number Home Phone Number _____

Email Address Website URL _____

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)

Additional Information required by the Chapter:

- **Please tell us in a couple of paragraphs how this conference will enhance your skills and career goals as a fundraiser.**