



Association of Fundraising Professionals

Palm Beach County Chapter Scholarship Program

Membership Dues Scholarship Application

This scholarship is for one year of membership to AFP Palm Beach County Chapter

Name: _____

Professional Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

<input type="checkbox"/> New Member	<input type="checkbox"/> Lapsed Member (which years were you a member)	
Years in Fundraising Profession: _____	Organization's Operating Budget: _____	Number of employees in your department: _____
Have you received a Scholarship or financial aid from this or any other AFP Chapter in the past? If so, when? For what amount and what purpose?		
Additional comments for application reviewers:		

Please check appropriate boxes.

- ◇ I have attached a letter of support from my Executive Director or Board President/Chair.*
*If applicant is a consultant then a principal in the consulting company, client or AFP committee chair or board member.
- ◇ If chosen, I will actively participate on the following committee next year.
*Please indicate 1st, 2nd and 3rd choices.

- | | |
|---|--|
| <input type="checkbox"/> Programming | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Florida Caucus | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Communications | <input type="checkbox"/> National Philanthropy Day |
| <input type="checkbox"/> Audio Conference | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Be the Cause |

Signature: _____ Date: _____

Email application to:
Sherry Schattie at Sherry@Schattie.com