**Cape Fear Chapter of the Association of Fundraising Professionals**

**2020 Chamberlain Scholarship Program**

**Deadline for applications: October 23, 2019**

**Personal Data**

Applicant’s Name

Are you a member of AFP?

Job Title

Employer

Business Address

City State Zip Business Phone Cell Phone

Email Address

Website URL

Supervisor’s Signature

(*or signature of an Executive Committee member on your organization’s board)*

Phone Number

**Application process:**

1. Attach a copy of your current résumé.
2. Email your application and resume to [apfcapefear@gmail.com](mailto:apfcapefear@gmail.com) by **October 23, 2019.** (PDF format preferred but not required.) **Late applications will NOT be accepted**.
3. Applicants will be notified of their status either by phone, mail or email by AFP by October 31, 2019

**Concisely and briefly:**

1. Describe the organization where you presently work or volunteer, and your responsibilities.
2. What is that organization’s annual budget Number F/T staff ; P/T staff .
3. Does your organization cover the cost of membership? [ ] Yes [ ] No Please explain.
4. How long have you been responsible for fundraising in your current employment?
5. How long have you served in other fundraising-related roles? Years \_ Months .
6. Describe any fundraising related roles.
7. How many AFP Cape Fear Region Chapter Meetings have you attended in the past year?
8. Have you ever attended a National Philanthropy Day event? [ ] Yes [ ] No
9. What special skills do you bring to the fundraising field?
10. What led you to choose a career or to actively participate in the nonprofit sector?
11. Describe your professional goals and aspirations and the ways in which you hope an AFP Scholarship would assist your professional development.
12. What other professional development activities have you undertaken?

**Professional References** (THREE required):

Name:

Organization: Relationship:

Phone: Email:

Name:

Organization: Relationship:

Phone: Email:

Name:

Organization: Relationship:

Phone: Email:

I certify that all the information included in my scholarship application is accurate and true. I also understand that if I receive and accept a scholarship, I will be responsible for presenting at a meeting and will be expected to volunteer for an AFP committee.

Signature Date