



AFP Central Texas Chamberlain Scholarship Program

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)