



Greater Louisville Chapter

DIVERSITY SCHOLARSHIP APPLICATION
(DEADLINE – MAY 15, 2019)

1. Scholarship is for a one year AFP membership.
2. Scholarship will be awarded to a fundraising professional who self identifies as coming from a diverse background OR be a fundraising professional who works for a nonprofit serving a diverse community.
3. Membership will be transferred to another individual if the original member leaves the organization.
4. Please send completed applications to **afpgreaterlouisville@gmail.com**.

Applicant Name: _____

Job Title: _____

Organization Name: _____

Preferred Address: _____

City, State, Zip: _____

Business Phone: _____ Cell Phone: _____

E-mail address: _____

Number of years fundraising with current organization: _____

Annual agency operating budget: \$ _____

Number of development staff: _____

Have you ever been a member of AFP or attended any programs? _____

Please list your previous involvement and participation in AFP programs. _____

Organization mission: _____

Are you a member of a diverse community or work for an organization that serves one? Please describe the population your organization serves. _____

How will this scholarship benefit your organization? Please describe. _____

As a requirement of this scholarship, the AFP chapter of Louisville would like to participate in a volunteer project with your organization. Please list up to 3 different volunteer projects your organization will need help with.

1. _____
2. _____
3. _____

Are you interested in serving on the AFP Diversity committee? _____

I verify that the information in this application is accurate and that I am employed as a fundraising professional or spend at least 50 percent of my time fundraising for my employer.

(Signature of applicant)

(date)