



Scholarship Program

AFP Central New York Chapter Scholarship Program The Association of Fundraising Professionals, Central New York Chapter is pleased to offer, from time to time, depending on the chapter's financial position, scholarships for both educational activities - such as Fundraising Day or ICON - and membership scholarships for fundraisers who are pursuing AFP membership in the Professional or Young Professional categories. These scholarships are to encourage participation in further education opportunities and to help individuals serving not for profit organizations develop their knowledge and skills in fundraising.

Educational Scholarships

Any chapter member in good standing is eligible and encouraged to apply for these scholarships to help cover expenses for Fundraising Day or the Chamberlain Scholarship for ICON. Scholarship announcements will be made in advance of the opportunity and application instructions and deadlines will be set in accordingly.

Educational Applicant Process

Applicant Requirements:

- A completed Scholarship Application (see chapter website)
- Upon notice of award you should register immediately
- For applicants applying for the Chamberlain Scholarship for ICON, you will find the announcement and application on the chapter website when the program is announced.

Membership Scholarships

Individuals meeting the international requirements for membership are eligible to apply. The CNY Chapter will offer, depending on the chapter's financial position, a certain number of scholarships to cover membership. We will only consider individuals who are seeking membership in the Professional or Young Professional categories.

If you are chosen to receive a scholarship it is **strongly encouraged** that you attend the monthly luncheon meetings and participate in the webinars offered. Applications are accepted throughout the year and should be forwarded to the Chapter Administrator at afpcny@gmail.com

New Member or Renewing Member Scholarship Process

Applicant Requirements:

- A completed Scholarship Application (see chapter website)

Recipient Requirements:

- Upon notice of being chosen for a scholarship the Chapter Administrator will reach out to you to arrange payment. All memberships are processed through the international.
- All scholarship recipients will be required to serve on a board committee for one year. A member of the board will contact you after your award to help you with your committee selection.

General Rules for All Scholarships

- Scholarship recipient agrees that if they do not attend a program for which they received a scholarship they will reimburse the chapter.
- Scholarships are non transferable
- Each year the international accepts scholarship applications to ICON. When chapter financial status allows the chapter may agree to provide a match to that scholarship

For more information about AFP-CNY's scholarship program, please contact Ashley Forshee, Chair of the Scholarship Committee at aforshee@helio.health, or Faye Janes, Chapter Administrator at afpcny@gmail.com.



Membership/Educational Scholarship Program

Applicant's Name: _____

Are you an AFP member?: _____

Years employed in the fundraising field: _____

Current Job Title: _____ Employer: _____

Business Address: _____

City, State Zip: _____

Business Phone #: _____ Home/Cell Phone #: _____

E-mail: _____

Website: _____

This scholarship is requested for:

____ Fundraising Day ____ ICON (Chamberlain Scholarship) ____ Membership, Type: _____

____ Other: _____

Please attach the following documents:

1. A cover letter addressing the following: why you are interested in receiving this scholarship; how you believe the scholarship will benefit you in your career; and how you believe the scholarship will benefit your organization.
2. Your current resume
3. An endorsement or reference letter from your Executive Director or a member of the board Executive Committee (not required for Fundraising Day)

____ *I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my non-profit employer, and work within the AFP CNY chapter region.*

____ *ICON applicants only: 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: _____

For ICON applicants only, please have your supervisor complete the following to signify their approval of your attendance.

Supervisor's Signature: _____ Date: _____

Phone: _____ E-mail: _____