**Scholarship Application**

 **Deadline for applications: Monday, September 2, 2019**

**Personal Data**

Applicant’s Name

Are you a member of AFP? Are you a member of SSPGC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title

Employer

Business Address

City State Zip

Business Phone Number Home Phone Number

Email Address Website URL

**Background Information**

Years in the Profession

Previous Related Training

*(Please specify courses, seminars, conferences attended)*

Professional Reference

Phone Email

**Additional Information**

1. **What prompts you to apply for this scholarship?**
2. **How do you think you will benefit by attending the South Sound Philanthropy Summit?**

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*(Applicant’s Signature) (Date)*

***Please return completed application to:*** afpsouthsound@gmail.com***. Thank you!***