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# AFP-Shenandoah Chapter Professional Development Scholarship Application

*Please use this application form to apply for scholarship assistance to attend a conference or professional development opportunity.
See details below for specifics on the AFP-Shenandoah Chapter Scholarship criteria.*

Scholarship Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Organization Name

Address City

State Zip E-Mail

Work # ( ) Other # (indicate cell or home) ( )

Annual Operating Budget $ # Development. Employees Training/Continuing Ed Budget $

How long has the applicant been a fundraising professional? Years Months

Event/Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event/Program’s Link to Development (i.e. planned giving, general fundraising): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested $\_\_\_\_\_\_\_\_ *(registration fees only)*

Please give the reason(s) for applying: **40 word maximum.** (complete on back if needed)

 I’m a member in good standing of the AFP Shenandoah Chapter:
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*(Applicant’s Signature) (Date)*

* *The board budgets an amount annually for member scholarships.*
* *Applicants for scholarships must be an active member in good standing of the chapter for a minimum of six months.*
* *Any individual member may only be awarded one scholarship per calendar year.*
* *The amount of any individual scholarship shall not exceed the lesser of the conference registration fee or $500.*
* *The scholarship is awarded for the purpose of paying or reimbursing registration fees only, no other expenses associated with conference attendance are eligible for payment or reimbursement.*
* *To qualify for a chapter scholarship, the conference to be attended must be sponsored by the AFP or any other organization which subscribes to the Donor Bill of Rights.*
* *Applicants are encouraged to submit their applications at least 90 days prior to the close of registration for the conference. Decisions are made on a rolling basis. The Board’s decision is based on merit and/or need and will be final.*

E-mail this completed application to AFP Shenandoah Membership Chair, Peggy Caister, caisterpeggy@gmail.com

**Thank you for applying for an AFP-Shenandoah Chapter scholarship!**

**Scholarships Chair:** Application received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Application distributed to Board \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Applicant’s Previous Scholarship(s) with dates

Amount Approved Check # Reimbursement

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*(Signature of Scholarships Chair) (Date)*