



AFP-Arkansas Chapter

2019 Scholarship Application

I. Personal Data

I am applying for the following scholarships. *Select all that apply.*

☐ **Chamberlain Scholarship (covers registration and \$850 in travel expenses)**

*One scholarship available per year. Deadline: **September 30, 2019** Open to AFP members only.*

☐ **CFRE Exam Scholarship (\$700)**

One scholarship available per year. Deadline: 60 calendar days before desired CFRE exam date. Open to AFP members only

☐ **Young Professional Membership Scholarship (\$65)***

*Two scholarships available per year. Must meet criteria for AFP Young Professional membership (see below).
Limit one scholarship per organization.*

☐ **Small Organization Membership Scholarship (\$120)***

Two scholarships available per year. Must meet criteria for AFP Small Organization membership (see below).

☐ **Professional Membership Scholarship (\$250)***

One scholarship available per year. New Members only.

☐ **"Transitional" Professional Membership Scholarship (\$250)***

One scholarship available per year. This scholarship is for renewal memberships to help with job transitions within the first year of changing jobs.

☐ **Diversity Membership Scholarship (\$250)***

One scholarship available per year. This scholarship is for the professional development of members & non-members who are themselves members of a diverse community or are employed by grassroots organizations that primarily serve diverse populations.

****open until all scholarships are awarded***

Applicant's Name: _____ E-mail Address: _____

Job Title: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Personal Phone: _____

Business Website: _____

Are you a current AFP member in good standing? Yes → No →

If no, are you being nominated for a scholarship by a current AFP member in good standing? Yes → No →

Name of AFP Member: _____

Business Phone: _____ E-mail Address: _____

II. Background Information

Years in current position: _____ Years employed in development: _____

Previous training in development (if any): _____

Professional Reference (other than present employer): _____

Reference's Phone: _____ E-mail Address: _____

III. Organizational Information

Is your organization a 501(c)(3) nonprofit corporation? Yes → No →

Will organization pay your expenses for this opportunity? Yes → No → Partially →

If partially, how much will your organization be willing or able to pay? \$ _____

Organization's annual operating budget: \$ _____ Organization's annual development goal: \$ _____

Number of development staff employed in your organization: _____

Briefly describe your organization's mission and the service(s) provided by your organization:

IV. Professional History

Briefly describe your interest in the field of development as a career choice:

Why are you applying for this AFP-Arkansas Chapter scholarship?

How did you learn about the scholarship opportunity/opportunities for which you are applying?

Have you ever received other AFP scholarships? (List names of courses or conferences and approximate dates.)

To your knowledge, has anyone from your organization received a scholarship from AFP? (List names of recipients, names of courses or conferences, and approximate dates.)

V. For Chamberlain Scholarship Applicants ONLY

Have you ever attended an international conference as a registered participant? Yes ___ No ___

Attach additional items required to complete application:

- 1) A one-page narrative explaining why you should receive the scholarship and how you and your organization will benefit from attending the AFP International Conference. Include statement of financial need.
- 2) A resume.
- 3) A copy of organization's IRS tax exempt notification letter.

I certify that I spend at least 50% of my time as a fundraiser for my employer. I have never attended an NSFRE/AFP international conference on fundraising. I understand that only one individual from my local organization can be selected.
 Yes ___ No ___

VI. For Professional Development Scholarship Applicants ONLY

Have you completed your CFRE/ACFRE application? Yes ___ No ___ Partially ___

When/where do you plan to take the CFRE/ACFRE exam? _____

Attach a one-page narrative explaining how you will benefit from attaining your CFRE/ACFRE certification.

VII. For Young Professional Membership Scholarship Applicants ONLY

I certify that I meet the membership criteria listed below: Yes ___ No ___

The Young Professional membership category is open to persons who hold some degree of responsibility directly for fundraising, work within the U.S. and Canada and are compensated for their services, and are 30 years old or younger, must subscribe to the AFP Code of Ethical Principles and Standards and its bylaws and promote the Donor Bill of Rights and be employed, or have been employed by an organization that provides benefits to society.

Will your organization pay your monthly meeting expenses for this membership? Yes___ No___ Partially___

Will you be able to attend meetings if your organization does NOT pay for monthly meetings? Yes___ No___

VIII. For Small Organization Membership Scholarship Applicants ONLY

I certify that my organization meets the membership criteria listed below: Yes___No___

- 1) Operating budget of less than \$1,000,000.
- 2) Has a fundraising department with less than two (2) full-time equivalent (FTE) staff.
- 3) Individually incorporated or organized as a separate entity.
- 4) Not affiliated with a larger institution supporting its operations.

Each organization can designate one fundraising professional to receive the benefits offered in this membership category. Membership may be transferred to another individual if the original member leaves the organization. Must subscribe to the "AFP Code of Ethical Principles and Standards" and promote the "Donor Bill of Rights."

Will your organization pay your monthly meeting expenses for this membership? Yes___No___ Partially___

Will you be able to attend meetings if your organization does NOT pay for monthly meetings? Yes___No___

IX. Optional Information

The following information is optional. Your answers will assist the AFP-Arkansas Chapter in fostering diversity within chapter programs.

Gender: ___Female___Male

Ethnicity:

Select all that apply.:

___African American/African

___Asian/Pacific Islander

___Caucasian (non-Hispanic origin)

___Hispanic/Latino

___Native American

Other: _____

Applicant's Signature

Date

Supervisor's Signature

Date

Questions?
Contact Chris Shenep
Education Co - Chair & Scholarship Committee Chair
chris.shenep@aeddinc.org

Completed applications may be submitted by
e-mail to: arkaftp@gmail.com
Please type **"AFP Scholarship Application"** in the
subject line.