



**AFP Greater Atlanta Chapter  
CFRE Certification Scholarship Application**

*Please send both this form and your exam reimbursement receipt to:  
jbrown@asginfo.net*

**Basic Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Questions**

1. Are you a member of the AFP Atlanta Chapter? Yes \_\_\_ No \_\_\_
2. What date did you receive your passing score? \_\_\_\_\_
3. What does obtaining your CFRE mean to you? (200 words or less)

*Please initial next to each statement, confirming that you agree to the following:*

\_\_\_ I agree to publicly share my CFRE experience and advice with fellow chapter members - either through a written article or a presentation in a monthly chapter meeting.

\_\_\_ I agree to serve on a chapter committee, mentor a young professional or diversity fellow, or volunteer in some capacity for a minimum of one year.

Date submitted for review: \_\_\_/\_\_\_/\_\_\_