



## APPLICATION for 2026 “GET CERTIFIED” SCHOLARSHIP

### 2026 CFRE Testing Scholarship

Applicants must have a current AFP Hampton Roads membership in good standing. Candidate must be currently employed by a non-profit and have worked in the development profession for at least five years. Candidate will not have previously taken the CFRE test and been approved by CFRE to sit for the test during the next testing window. Candidate must agree to pay the testing fee, then submit the receipt to process the partial reimbursement of \$400 toward the testing fee by AFP-HR. Candidate will also agree to serve on an AFP-HR committee for one year following taking the test whether certification is achieved or not, and be willing to discuss their experience pursuing a CFRE at a monthly membership event.

#### I. Personal Information

Name	Title	AFP Membership #
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Organization Name
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Organization Address	City	State	Zip Code
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Home Address	City	State	Zip Code
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Organization Phone	E-Mail
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# of Yrs at Organization	# of Yrs in Profession	# of Yrs. AFP Member
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#### II. Rationale for Obtaining the CFRE Test Scholarship

Please explain, in the space provided or on a separate document, why you are the best candidate for this scholarship.




**APPLICATION for 2026 “GET CERTIFIED” SCHOLARSHIP (continued)**  
2026 CFRE Testing Scholarship

The intent of this scholarship program is to make available continuing educational opportunities, which would not otherwise be available to the participant. Please answer the following questions:

Would you be able to sit for the CFRE Test without this scholarship? ☐ Yes ☐ No

Does your organization budget for professional training/certifications? ☐ Yes ☐ No

Do you work for a 501(c)(3) organization? ☐ Yes ☐ No

Please state the total budget of your 501 (c)(3) organization: \$ \_\_\_\_\_

Do you work for a for-profit consulting firm? ☐ Yes ☐ No

Have you previously received an AFP scholarship? ☐ Yes ☐ No

*If yes, please indicate when* \_\_\_\_\_

Are you actively serving on a committee for AFP-HR? ☐ Yes ☐ No

*If yes, please list the committee* \_\_\_\_\_

If selected as the scholarship recipient, I agree to submit a copy of a receipt of registration for the test for reimbursement. If I cannot sit for the next testing window, I understand I need to obtain approval from the Scholarship Committee Chair to extend the scholarship or risk forfeiting it. Finally, I agree to report on my experience pursuing a CFRE Certification to the membership at a monthly event, as well as serve on one AFP-HR committee for at least one year.

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Applicant's Signature

Date

Applications should be received by **May 31, 2026 by 5:00 p.m.** Email application to [admin@afp-hr.org](mailto:admin@afp-hr.org). Questions: please email Meredith Shafley at [meredith@nl-hr.org](mailto:meredith@nl-hr.org).