AFP SOUTHERN MINNESOTA CHAPTER

Scholarship Application

PLEASE REFER TO OUR CHAPTER WEBSITE (www.afpmnsouthern.afpnet.org)
FOR CURRENT SCHOLARSHIP INFORMATION, APPLICATION DEADLINES & CONTACT INFORMATION

For which scholarship are you applying?

AFP International Fundraising Conference ICON
- ☐ Chamberlain
- ☐ Southern Minnesota Chapter

☐ Southern Minnesota Chapter Membership
☐ National Philanthropy Day Scholarship (only available through email invite
☐ New Member

Date _____

Applicant's Name		
Job Title		
Employer		
Business Address		
City	State	Zip
Business Phone Number:	Primary Phone Number:	
Email Address	Website	
How long have you been responsible for fundraising within your present organization?		
Are you a member of AFP?	For how many years?	Name of Chapter?

This application must be verified by the applicant's supervisor or organizational representative.

I verify that this information is accurate and that the above named organization approves of this application. If selected as a recipient, this applicant has permission to participate in the activities for which funding is requested (International Fundraising Conference, National Philanthropy Day, Chapter and Committee Meetings) and other duties that active members may be requested to perform.

_____ _____
Supervisor's name Title

_____ _____
Supervisor's (or other eligible) Signature Date

BACKGROUND INFORMATION

My organization's annual budget is $
Number of development staff FTE's currently working with you?
Percent of time spent fundraising in current position?
Total years in fundraising?

FOR ALL SCHOLARSHIPS Please respond and attach to this form the answers the to the following questions (two pages or less):

Training - List previous events and dates of relevant training *(Please specify courses, seminars, conferences attended)*

Scholarship - List any prior AFP scholarships, events and dates

How will you and your organization benefit from this scholarship, and why is it important to you?

How do you plan to be an active AFP Chapter Member?

Please share examples of your volunteer involvement within the community.

Share any other information that you feel would be helpful for the Scholarship Committee and Board to know in selecting you as a Scholarship recipient.

FOR NEW MEMBER SCHOLARSHIPS Please also respond to the following:

What portion of your new member dues are you or your organization willing/able to fund?

How do you plan to continue to fund your membership in AFP after the scholarship year is complete?

COMMITTEE INTERESTS

We encourage scholarship awardees to be a part of at least one of the following Chapter committees. Please indicate on which committee(s) you would like to learn more about and potentially serve:

__ ***Scholarship***
__ ***Communications***
__ ***Diversity***
__ ***Membership***
__ ***Nominations***
__ ***BE THE CAUSE Campaign***
__ ***National Philanthropy Day***
__ ***Professional Development / Education***
__ ***Other*** _____

I am employed as a full-time fundraising professional or spend at least 50% of my time fundraising for my employer.

_____ _____

(Applicant's Signature) *(Date)*

Send Application to: afpsouthernmn@gmail.com.