**AFP SOUTHERN MINNESOTA CHAPTER**

**Scholarship Application**

***PLEASE REFER TO OUR CHAPTER WEBSITE (***[***www.afpmnsouthern.afpnet.org***](http://www.afpmnsouthern.afpnet.org/)***)***

***FOR CURRENT SCHOLARSHIP INFORMATION, APPLICATION DEADLINES & CONTACT INFORMATION***

***For which scholarship are you applying?***

AFP International Fundraising Conference

🞎 Chamberlain

🞎 Southern Minnesota

🞎 Southern Minnesota Chapter

🞎 National Philanthropy Day

🞎 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.

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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 to the following (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 Please indicate on which committee(s) you would like to serve:**

 ***\_\_ Scholarship \_\_ BE THE CAUSE Campaign***

 ***\_\_ Communications \_\_ National Philanthropy Day***

 ***\_\_ Diversity \_\_ Professional Development / Education***

 ***\_\_ Membership \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***\_\_ Nominations***

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

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*(Applicant’s Signature) (Date)*

***Send Application to: Mark Neville, Rochester Symphony, 1530 Greenview Dr. SW, Ste. 120, Rochester, MN 55902 or*** ***markn@rochestersymphony.org******. Questions? Please call 507.286.8742 or 507.993.9876***