



AFP California Valley Chapter Chamberlain Scholarship Program

Deadline for application: Friday October 9, 2020

Personal Data

Applicant's Name _____

Are you a member of AFP? _____ *(applicants must have an active AFP membership in order to qualify)*

Job Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Number _____ Cell Number _____

Email _____ Website _____

Supervisor's Signature _____ Date _____

**By signing, my organization agrees to pay for ALL conference expenses over and above the ICON registration fee and \$1000 travel/lodging stipend provided by AFP and/or I have made arrangements with my employee regarding same.*

Supervisor's Number _____ Supervisor's Email _____

Professional Information

Years in the Fundraising Profession _____

Previous Fundraising Training _____

(Specify courses, seminars, conferences attended)

Professional Reference _____

(Other than present employer)

Phone _____ Email _____

I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended an NSFRE/AFP International Conference on Fundraising and understand that only one individual from my local organization can be selected.

(Applicant's Signature)

(Date)

Personal Statement

On a separate sheet of paper, please tell us about your career goals and how attending AFP ICON 2020 will support these goals.