



2019 First Coast, Florida
Association of Fundraising Professionals (AFP)
Scholarship Program Application Form

Date: \_\_\_\_\_

Scholarship Desired: \_\_\_\_\_

If applying for a New Member scholarship, please specify the category:

- Professional Associate Young Professional

Personal Data

Applicant's Name \_\_\_\_\_

Are you a member of AFP? \_\_\_\_\_ Since (year) \_\_\_\_\_

Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Background Information

Years in the Profession \_\_\_\_\_

Previous Training in Fundraising \_\_\_\_\_

Additional information for the AFP First Coast Scholarship Committee – why the scholarship is desired, etc.

Four horizontal lines for providing additional information.

PLEASE ATTACH OTHER REQUIRED SUBMISSIONS WITH THIS APPLICATION AND SUBMIT BY THE DEADLINE NOTED ON THE SCHOLARSHIP YOU DESIRE.

Email Completed Application and any other required documentation to:

AFPJaxScholarships@gmail.com