



Scholarship Application

Name _____

Job Title _____

Name of your organization/agency _____

Business Address _____

City, State, Zip _____

Phone _____

Email _____

Address _____

Have you been an AFP member in another Chapter? If Yes, please state where and when: _____

Years as a Development Professional: _____

Years at Current Organization: _____

Scholarship Request:

Cost of Program or Membership \$ _____

Minus Contribution by Employer \$ _____

Amount of Scholarship Request \$ _____

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

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please circle the scholarship you are applying for:

- **Bill McDanel Endowed Scholarship**
 - Applicant will have less than 5 yrs. experience.
 - Scholarship will reimburse for:
Fundamentals of Fundraising course.
 - Maximum Value: \$350
- **John A. Davis Scholarship**
 - Applicant will have ten years or more experience.
 - Scholarship will reimburse for advanced educational opportunities.
 - Does not pay for AFP Int'l or local AFP Conference nor Fundamentals, CFRE Review or Exam.
 - Maximum Value \$750
- **James R. Holcomb Scholarship**
 - Scholarship will reimbursement for CFRE Review or CFRE Exam.
 - Maximum Value: \$250
- **Chamberlain Scholarship**
 - Scholarship covers all but \$10 of the AFP ICON registration fee and up to \$1,000 to reimburse travel.
 - Maximum Value: \$1,989
- **Other:**
 - Chapter Membership
 - DFW Philanthropy Conference
 - Fundamentals of Fundraising
 - AFP Lead Conference
 - Check one: AFP Member
 - Young Professional

Instructions:

1. Complete this application and include your resume.
2. Please write a 100-200 word essay about your current career goals. Describe how this scholarship will help.
3. For John A. Davis Scholarship applicants, describe in your essay: What educational opportunities have you or will you pursue with this scholarship?
4. For Holcomb and McDanel: Provide proof of registration with your application. Payment for Fundamentals, the CFRE Review Course or the CFRE Exam will be made with proof of attending or taking course or exam.
5. Please scan all documents and email to: afpfw@yahoo.com, subject line: SCHOLARSHIPS

Please scan all documents and return the completed application to:
Stephanie Molina, Scholarship Chair | AFP Fort Worth Metro Chapter
afpfw@yahoo.com / 972-233-9107, 221