



# AFP Indian River Chapter New Member or Membership Renewal Scholarship Application

## ELIGIBILITY

- Be employed by a nonprofit organization operating within Indian River County
- Be primarily responsible for fundraising within the nonprofit organization for which they are employed
- Have never been an AFP member
- Demonstrate financial need; available to individuals whose organization's operating budget is less than \$2 million OR is able to provide written documentation that membership cannot be obtained due to budget constraints
- Agree to serve on a committee or volunteer at a chapter event
- Invite your immediate supervisor to at least one AFP Chapter Function

Strong consideration will be given to individuals employed by organizations with limited development staff and annual budgets.

## SCHOLARSHIPS OFFERED

All except renewal scholarship may be extended for 2<sup>nd</sup> year with proper documentation of having met all requirements and as the chapter budget allows. Applicant must meet category requirements as outlined on membership application:

- Young Professional
- Small Non-Profit
- Professional Membership

Scholarship Renewals are available to current recipients whose organization's operating budget is less than \$2 million and is able to provide written documentation that membership will not be renewed due to budget constraints. Member must be active, demonstrated by committee service, volunteerism at AFP event, and/or attendance at more than 50% of chapter professional development offerings.

## APPLICATION PROCESS

Submit completed scholarship application, membership application, signed scholarship agreement and current resume and email to [membership@afpindianriver.com](mailto:membership@afpindianriver.com).

## ABOUT YOU

Name

Title

Daytime Phone

Email

Preferred Address for AFP Mailings

## SCHOLARSHIP TYPE

- Under 30
- Small Nonprofit
- Professional
- Renewal

## EMPLOYMENT

Organization

Supervisor's Name

Supervisor's Title

Local Address (if different from above)

Local Number of Employees

Full-Time      Part-Time      Volunteers

Local Employer Gross Income Last Year \$

Development Office Employees

Full-Time      Part-Time      Volunteers

Percent of Time Fundraising in Current Position

Years in Fundraising Profession

Full-Time      Part-Time

## YOUR INTEREST IN AFP

What are your expectations for AFP membership?

**Internal use only:**

Reviewed by Scholarship  
Committee

Board Approval:

Yes No

Applicant advised

Membership application and dues  
submitted to IHQ

News release

Committee involvement

Organizational decision maker

attends AFP function

Recipient's year-end report received

Board approves 2nd year

scholarship:

Yes No

Renewal application and dues sent  
to IHQ

What do you plan to accomplish to further your professional  
development?

On which AFP committee(s) would you like to serve?

National Philanthropy Day

Public Relations/Communications

Professional Development

IDEA (Inclusion, Diversity, Equity, Access)

Membership

Scholarship

Who in your organization would you like to invite to attend a  
courtesy AFP program?

Applicant Signature

Date

Supervisor's Signature

Date