**SCHOLARSHIP APPLICATION**

AFP Southwest Florida Chapter

The Southwest Florida Chapter of the Association of Fundraising Professionals is pleased to provide MEMBERSHIP INCENTIVE GRANTS. The grants are available to individuals applying as new members as well as those whose membership has lapsed and circumstances make it challenging for them to renew. An individual may receive a membership incentive grant only once. A grant of up to 50% of the dues fee, depending on the Chapter’s budget availability and the applicant’s personal circumstances, may be awarded. Additionally, AFP is currently offering a special scholarship that will pay 100% of your membership, split between AFP International and the AFP Southwest Florida Chapter (deadlines apply).  
**A** scholarship applicant must be employed in the field of fundraising, spending at least 50% of their time on that responsibility.

**A** scholarship applicant must agree to become an active member of the chapter.

**A** scholarship applicant must have participated in 3-chapter meetings or programs before being considered eligible.

**A** scholarship recipient may only apply/receive one grant per year – this includes other scholarship opportunities such as Chamberlain, CFRE and Membership.

**PERSONAL INFORMATION**

LAST NAME FIRST NAME

Job Title / Position

Current Business Address City/State/Zip

Business Phone Cell Phone

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Are you a member of AFP? Have you received the Have you received  
 CFRE Designation? Prior assistance from this fund?

Yes \_\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

**FUND DEVELOPMENT INFORMATION**

Are you currently employed in a fund development position? Yes \_\_\_\_ No \_\_\_\_  
Exact title of current position?   
Number of years in the profession: \_\_\_\_\_

If you are NOT employed full-time in a Fund Development position, please outline the nature and extent of your responsibilities and activities in fund development.

List below, in point form, all of your volunteer activities with the chapter. Where applicable, list the capacity in which you were involved and time commitment.

**BE THE CAUSE ANNUAL CAMPAIGN**

Have you made a donation to the **AFP Be the Cause** annual campaign this year? Yes \_\_\_\_ No \_\_\_\_

**SCHOLARSHIP TYPE, BENEFITS**

Scholarship type requested: \_\_\_ CFRE Credential  
 \_\_\_ Chamberlain Scholarship (offered in September for annual conference)  
 \_\_\_ Planet Philanthropy  
 \_\_\_ Membership Incentive

\_\_\_ Diversity

What benefits do you expect to see as a result of your participation in this professional development activity?

How will the information you gain from this course or event be passed on / shared with other people involved in your organization?

List any previous courses, conferences, seminars, or training in fundraising you have participated in:

1.

2.

3.

4.

5.

6.

7.

**SIGNATURE / ENDORSEMENTS**

By signing this application, I declare and acknowledge:

1. That to the best of my knowledge and belief, I hereby verify that the information and summary of activities as submitted in this application are correct

2. That I, the applicant, meet the eligibility requirements as outlined in the AFP Southwest Florida Chapter Scholarship Program guidelines

3. That I will be responsible for submitting a written report on the event covered by this application, so that the chapter may share the benefit of this experience with other members.

4. That if I receive scholarship, my name may be published in the chapter newsletter (with mutual consent)

5. That I understand the information provided on this application may be used for research and statistical analysis

6. That if any information is inaccurate, that any awards may be reassessed and/or withdrawn

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

Forward your completed scholarship to: Kim Noyes, Chapter Administrator  
[kim.afpswfl@gmail.com](mailto:kim.afpswfl@gmail.com) | Fax 941-827-2920