AFP Southwest Florida Chapter Diversity & Inclusion Membership Scholarship Application 2021

DEADLINE FOR APPLICATIONS: Applications may be submitted at any time of the year.

| Name | Pronouns |
|--|--|
| Title | Organization |
| Mailing Address (Including City, State, Zip) | |
| Work Phone | Cell Number |
| Email Address | Organizations Website |
| Applicants LinkedIn Handle | <u> </u> |
| members, the organizational missions they repres Southwest Florida Chapter operates. It is an in ethnicity, culture, nationality, gender identity, sex | Ta core value in relation to board members and individual chapter ent, the people they serve, and the community within which AFI inclusive concept encompassing, without limitation, race, color unal orientation or identity on the LGBTQ+ spectrum, religion of vel, rural or urban location (geography), language, immigration and parental status. |
| Please check at least one: | s as coming from an eligible diverse community as defined by |
| AFP Southwest Horida Chapter (above) | as coming from an eligible diverse community as defined by |
| * ' / | eligible AFP diverse community, where 50% or more staff |
| • | 50% or more eligible AFP diverse community client base. |
| Please check all that apply below: | |
| ☐ I am employed as a full-time fundraising profession employer. | onal or spend at least fifty percent of my time fundraising for my |
| \square I understand that this will be a partial scholarsh | ip up to 50%. (Click here to see membership pricing.) |
| $\ \square$ I understand that my name as the AFP Southwest | Florida Chapter D&I Scholar may be listed/promoted in AFP |
| communications. | |
| I would prefer my name not be promoted | • |
| | thwest Florida Chapter D&I Scholarship winner, that I will attend f the award (free or fee-based, virtual or in person) and complete overs one year of membership. |
| 1. 4.C. 4 | |
| Applicant Signature | Date |
| Signature of person approving budget for remaining | ng membership fee Date |
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AFP Southwest Florida Chapter Diversity & Inclusion Membership Scholarship Application 2021 NARRATIVE

Please type or write your answers to the following questions.

| 1. | Based on the eligibility response you provided, please describe how the diversity and inclusion scholarship applies to you, your organization, or the population you serve. |
|----|---|
| 2. | Please present a narrative on your/your organization's financial need for this AFP SWFL Chapter Diversity & Inclusion Scholarship (Preference will be given to applicants who show financial need). |
| | |
| 3. | How do you believe AFP membership will benefit you and the organization for which you work? |
| | |
| | Organization's Annual Operating Budget \$ |
| | Total number of organizational staff: |
| | Total number of fundraising staff: |
| | Is anyone else from your organization a member of AFP SWFL Chapter? Yes No I don't know. |

Please email completed application to Kim Noyes at kim.afpswfl@gmail.com