



# 2021 AFP Foundation Chamberlain Scholarship Application Eastern PA Chapter

Deadline for receipt of applications: Monday, December 14, 2020

## Personal Data

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

Are you a member of AFP? \_\_\_\_\_ Are you a member of AFP - Eastern PA Chapter? \_\_\_\_\_

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_ Website URL \_\_\_\_\_

How long have you been responsible for fundraising with your present organization? \_\_\_\_\_ Yrs. \_\_\_\_\_ Months

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

## Background Information

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

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

*(Please specify courses, seminars, conferences attended)*

Phone \_\_\_\_\_ Email \_\_\_\_\_

In your current position, percentage of time performing direct fundraising activities: \_\_\_\_\_ %

Have you ever applied for a scholarship from this chapter? Yes \_\_\_\_\_ Year: \_\_\_\_\_ No \_\_\_\_\_

Have you ever received a scholarship from this chapter? Yes \_\_\_\_\_ Year: \_\_\_\_\_ No \_\_\_\_\_

Please summarize the reasons for your request for scholarship assistance:

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*I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended AFP ICON and understand that only one individual from my local organization can be selected.*

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*

**Return application to: AFP - Eastern PA Chapter, P.O. Box 20842, Lehigh Valley, PA 18002  
or email to [afpeasternpa@gmail.com](mailto:afpeasternpa@gmail.com)**