**AFP Eastern PA Chapter**



**Membership Scholarship Application**

The AFP Eastern Chapter offers scholarships to assist with fees for AFP membership (international fees and local chapter fees). Scholarships will be awarded to individuals with the most compelling need as well as applicants from organizations with operating budgets of $1,000,000 or less. All applications will be reviewed by the Scholarship Committee with the approval of the Board of Directors.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City

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State Zip

Organization Annual Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of budget allocated to professional training and development: \_\_\_\_\_\_%

Number of years you have been in the fundraising profession \_\_\_\_\_\_

Percentage of time you are actively engaged in fundraising \_\_\_\_\_\_%

Have you ever been a member of AFP? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Is a professional membership with AFP cost-prohibitive to your organization? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Are you a past recipient of a scholarship from AFP Eastern PA Chapter? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If Yes, please indicate (date, event and amount awarded) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarize why you would like the opportunity to join AFP and how this scholarship could benefit you.

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

**Return application to: AFP - Eastern PA Chapter, P.O. Box 91, East Texas, PA 18046 or email to afpeasternpa@gmail.com**