



Background

The AFP Vancouver Island Chapter was named a 2018 Ten Star Gold Chapter.

Every year, AFP, the largest association of professional fundraisers in the world, honours chapters for achieving goals that align with key objectives in its long-range strategic plan. Chapters receive the Ten Star Award for performing specific activities designed to increase professionalism within fundraising and promote public awareness of the importance of philanthropy.

As a recipient of a Ten Star Gold Award, the AFP Vancouver Island Chapter was issued one free one-year AFP membership scholarship to use in their chapter.

Membership has its privileges – it also affords you many opportunities to grow within the profession and in your career. AFP provides a wealth of services, products and programs to fundraising practitioners.

Candidate Requirements

- ☐ Candidates may be a renewing member, a lapsed member, or a new member.
- ☐ It is expected that the recipient will serve on a committee of the AFP VI Board.
- ☐ It is expected that the recipient will provide a brief written report at the end of their free membership outlining their experience of being a member of the AFP Vancouver Island Chapter.
- ☐ The recipient is required to fill out an application form and sign their adherence to the Code of Ethics.

Procedures

1. To be considered for the free year-long membership, applicants must submit a completed application prior to the published deadline. The 2019 application deadline is December 10, 2019 at 5pm.
2. The Membership Committee will review all applications and make recommendations to the board for approval.
3. The Scholarship Chair is responsible for notification of the free-year long membership.
4. The Scholarship Chair will coordinate with AFP's Membership & Chapter Services to activate the membership scholarship.



2019 Membership Scholarship Application Form

AFP Vancouver Island Chapter

For application information, contact:
Liz Ausio,
scholarships.afpvi@gmail.com

PART I – PERSONAL & EMPLOYMENT INFORMATION			
PERSONAL INFORMATION			
Last Name:		First Name:	
Job Title/Position:		Employer:	
Current Business Address:		E-Mail Address:	
City:	Province:	Postal Code:	
Business Phone:		Cell Phone:	
Have you ever been a member of AFP Vancouver Island Chapter?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:			
<input type="checkbox"/> When were you last a member?		_____ (YYYY)	
<input type="checkbox"/> Why did you lapse your membership:			

FUND DEVELOPMENT INFORMATION			
Are you currently employed in a Fund Development Position?		Number of years in the profession:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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 your volunteer activities within and outside of the chapter. Where applicable, list the capacity in which you were involved and the time commitment:

PART II – STATEMENT OF INTEREST

Why are you interested in joining the AFP Vancouver Island Chapter?

Why do you think it is important to join this chapter?

How will your participation in this chapter benefit your professional activities?

If you were the successful applicant, how would you like to volunteer with the AFP Vancouver Island Chapter? Please rank in order of preference.

____ Communications Committee Member

____ Membership Committee Member

____ Educational Programming Committee Member

PART III – SIGNATURES/ENDORSEMENTS

Applicant Declaration

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 will be responsible for submitting a written report at the end of the expiry of my one year free membership, so that the chapter may share the benefit of this experience with other members.
3. That if I receive this free one-year membership my name may be published in the chapter newsletter.
4. That I understand the information provided on this application may be used for research and statistical analysis.
5. That if any information is inaccurate, that application may be reassessed and/or withdrawn.

Signature

Date

Submit this completed application to:

Liz Ausio at scholarships.afpvi@gmail.com or

Development Office
University of Victoria
PO Box 1700, STN CSC
Victoria, BC V8W2Y2

For Chapter Use Only

Date Received: _____ Action Taken: _____