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|  | **AFP BRANDYWINE CHAPTER****CFRE Application** |

*(NOTE: Your employer must be a non-profit organization to be eligible for a scholarship.)*

**Request Information** (NOTE: The maximum amount of this scholarship is $500, and the AFP Brandywine Chapter reserves the right to offer a partial amount if deemed appropriate).

Please select one:

\_\_\_\_ CFRE Refresher Course: Amount Requested: $\_\_\_\_\_\_\_\_\_ (Total Fee: $\_\_\_\_\_\_\_\_\_)

\_\_\_\_ CFRE Exam Fee: Amount Requested: $\_\_\_\_\_\_\_\_\_ (Total Fee: $\_\_\_\_\_\_\_\_\_)

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been responsible for fundraising with your current organization? \_\_\_\_\_\_ years

Is this on a full-time basis? yes no If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your application is denied or you receive partial assistance, is there any funding alternative available to you to cover the cost?

 yes no

Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a scholarship from the Brandywine Chapter before? yes no If yes, which scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you worked in fundraising or non-profit management? \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a member of AFP? yes no If yes, what chapter and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you applying for a scholarship? Explain need and how scholarship will help you and your organization. (attach page if needed)

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please return this form to:

Tina DiSabatino, AFP Brandywine Scholarships Committee Chair

Director of Alumni Programs and Giving

Wilmington Friends School

101 School Road

Wilmington, DE 19803

chapter@afpbrandywine.org

302-576-2981