|  |  |
| --- | --- |
|  | **AFP BRANDYWINE CHAPTER****Chapter Membership Application** |

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

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

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

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

Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your organization’s current operating budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ current fundraising budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain if necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current budget for memberships and professional development for fundraising? \_\_\_\_\_\_\_\_\_\_\_\_ For how many staff? \_\_\_

Number of full-time professional development staff \_\_\_\_\_\_ # of support staff \_\_\_\_\_ # AFP members \_\_\_\_\_\_

If your application is denied, is there any funding alternative available to you to cover the cost of this membership? 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What [type of Membership](https://afpglobal.org/afp-membership-categories-and-pricing) are you applying for (underline one): Professional / Young Professional / Retired / Associate /

Nonprofit Organization Large / Nonprofit Organization Small

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

tdisabatino@wilmingtonfriends.org

302-576-2981