



Association of Fundraising Professionals –  
The Topeka Chapter on Philanthropy  
Scholarship Program

## **Conference Scholarship**

### Qualifications for scholarship

1. Must be a current member of AFP-TCOP.
2. Must be registered to attend the National AFP Conference or the MidAmerica Conference. Funds will be made payable to the applicant's organization.
3. Application must be signed by applicant's supervisor indicating organization is in support of attendance including registration fees, travel, lodging or meals while attending the conference.
4. Scholarship award will be up to \$500. Funds can be used for expenses associated with the conference.
5. Applicant must give presentation to the local AFP-TCOP group within two months of event.

Application will be made to the AFP-TCOP Board and received at least one month prior to the event requested.

## **New Member Scholarship**

### Qualifications for scholarship:

1. Must be a first time member of AFP and AFP-TCOP.
2. Successful applicant must serve as an active member of the National Philanthropy Day or Program committee during year of scholarship award.
3. Awardee must attend no fewer than seven of AFP-TCOP meetings and events.
4. Application must be signed by applicant's supervisor indicating the organization is in support of membership and scholarship requirements
5. Scholarship award will provide
  - a. One-year AFP International professional membership
  - b. One-year AFP – TCOP membership
  - c. Tuition for one AFP – TCOP workshop during scholarship year
  - d. One reservation to AFP – TCOP's National Philanthropy Day celebration

Other New Member and Renewal scholarships will be available. They will be reviewed and awarded on a quarterly basis.



**Association of Fundraising Professionals –  
Topeka Council on Philanthropy**

**New Member/Renewal Scholarship Application**

☐ New Member    ☐ Renewal (no need to complete the narrative portion)

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

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Number of years in development profession: \_\_\_\_\_

Number of years in current position: \_\_\_\_\_

Percentage of time in current position engaged in development work: \_\_\_\_\_

Previous work/volunteer experience: \_\_\_\_\_

**Please attach a 2-3 paragraph narrative detailing why you want to join AFP-TCOP and what you hope to gain through your membership.**

**Supervisor Approval**

On behalf of \_\_\_\_\_ (name of employer), I support this scholarship application and its requirements as outlined in AFP-TCOP's Scholarship Program Guidelines

\_\_\_\_\_  
Applicant's Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Applicant Signature**

If awarded this scholarship, I agree to the requirements as outlined in AFP-TCOP's Scholarship Program Guidelines

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Association of Fundraising Professionals –  
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Scholarship Program

**Application for Conference Scholarship**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

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

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

AFP Member Number: \_\_\_\_\_ Expires: \_\_\_\_\_

How long have you been a member of AFP: \_\_\_\_\_

How long have you been in your current position: \_\_\_\_\_

Requesting Funds for:

☐ AFP National Conference

☐ Mid-America Conference

Date of Event: \_\_\_\_\_

I agree to make a presentation to the AFP-TCOP Chapter upon my return from the conference I am attending.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Our organization is in support of \_\_\_\_\_ attending the \_\_\_\_\_  
Conference. We will utilize these scholarship funds to offset the cost of this conference.

\_\_\_\_\_  
Applicant's Supervisor

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title