



First Coast Florida Chapter
Association of Fundraising Professionals (AFP)
2018 Scholarship Application

Application Date: ____/____/____

Scholarship Type Applying for:

- checkbox New Membership
checkbox Membership Renewal
checkbox Education/CFRE Testing/Professional Development
checkbox AFP International Conference checkbox Florida Planet Philanthropy

If applying for a New Member Scholarship, please specify the category:

- checkbox Professional
checkbox Associate
checkbox Young Professional (30 and under)

Personal Data:

Applicant's Name _____

Are you a member of AFP? Since (year) _____

Job Title _____ Email _____

Employer Name _____

Business Address _____

Business Phone No. _____ Cell Phone No. _____

Background Information:

Years in the Profession ____ Previous training in fundraising _____

Additional information the Scholarships Committee should consider, including why the scholarship is desired. Preference will be given to candidates with demonstrated financial need.

All Scholarship Recipients are required to serve on at least one local chapter committee. Please choose the committee(s) on which you would like to serve: checkbox National Philanthropy Day checkbox Communications checkbox Membership Enrichment checkbox Diversity checkbox Scholarships

PLEASE ATTACH OTHER REQUIRED SUBMISSIONS WITH THIS APPLICATION AND SUBMIT BY THE DEADLINE NOTED ON THE SCHOLARSHIP YOU DESIRE.

Email Completed Application and any other required documentation to:
afpfirstcoastscholarships@gmail.com