



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

Application Date: ____ / ____ / ____

Scholarship Type Applying for:

- Membership
- Education
- AFP International Conference

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

- Professional
- Associate
- Young Professional

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: National Philanthropy Day Youth in Philanthropy
 Communications Membership Enrichment Diversity 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