

List below, in point form, all your volunteer activities with the chapter. Where applicable, list the capacity in which you were involved and time commitment.

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PART II– Benefits of Program and Professional Development Activities

What benefits do you expect to see as a result of your participation in this professional development activity?

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How will the information you gain from this course or event be passed on/shared with other people involved in your organization?

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Those who receive scholarship funding are expected to make a return to the chapter in some manner. Please check your preferred option:

Write an article for the chapter newsletter.

Make a brief presentation at a monthly chapter meeting.

Other: _____

PART IV– Signature/Endorsement

Applicant Declaration	
<p>By signing this application, the applicant declares and acknowledges:</p> <ol style="list-style-type: none"> 1. That, to the best of my knowledge and belief, the information and summary of activities as submitted in this application are correct. 2. That I, the applicant, meet the eligibility requirements as outlined in the AFP Madison Chapter Scholarship Program guidelines. 3. That I will be responsible for providing a written or oral report to the AFP Madison Chapter about the event covered by this application, so that I share the benefit of this experience with other Chapter members. 4. That if I receive a scholarship, my name may be printed in the chapter newsletter. 5. That I understand the information provided on this application may be used for research and statistical information. 6. That if any information is inaccurate, any awards may be reassessed and/or withdrawn. 7. That I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended an NSFRE/AFP International Chapter Conference on Fundraising and understand that only one individual from my local chapter can be selected. 	
Signature	Date
Supervisor’s Signature	Date

Submit this completed application to:

Courtney Polster, Ph.D., CFRE
Scholarship Chair
scholarships@madisonafp.com.

For questions, please contact Courtney at (608) 469-8609.

For Chapter Use Only
Date Received: _____
Action Taken: _____