**2021 CFRE Credential or Renewal Scholarship Application**

**AFP - Greater Madison Chapter**

**(The scholarship amount is $700 for initial certification and $408 for renewals.)**

**PART I – Personal & Employment Information**

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| **PERSONAL INFORMATION** | | | |  | | | |
| **Last Name** | | | | **First Name** | | | |
| **Job Title/Position** | | | | **Employer** | | | |
| **Current Business Address** | | | | **E-mail Address** | | | |
| **City** | | | **State** | | | | **Zip** |
| **Business Phone** | | | **Cell Phone** | | | | **Business Website** |
| **How many years have you been an AFP member?**  **\_\_\_\_\_\_\_\_\_\_\_** | **How long have you had CFRE certification?**  **\_\_\_\_\_years** | | | | **Have you received a chapter scholarship in the past?**  **Yes Date:**    **No** | | |
| **FUND DEVELOPMENT INFORMATION** | | | | | |  |  |
| **Are you currently employed in a fund development position?**  **Yes No** | | | | | |  | **Number of years in the profession:** |
| **If you are NOT employed full-time in a Fund Development position, please outline the nature and extent of your responsibilities and activities in Fund Development:** | | | | | | | |
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| **List below, in point form, all your volunteer activities with our AFP 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**

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| **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 creative ideas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART IV– Signature/Endorsement**

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| **Applicant Declaration** | |
| **By signing this application, the applicant declares and acknowledges:**   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:  
Jamie Schneider  
Scholarship Chair**[**admin@afpmadison.org**](mailto:admin@afpmadison.org)

**If you have questions, please call Jamie at (608) 327-7239**

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| **For Chapter Use Only**  **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |