**Scholarship Application - AFP Greater Madison Chapter**

**CFRE Refresher Course**

**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?**  **\_\_\_\_\_\_\_\_\_\_\_** | **Have you received your CFRE**  **designation?**  **Yes**    **No** | | | **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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| **Please describe your commitment to the fund development profession as evidenced by commitment to learning, volunteerism and professional growth.** | | | | | | |
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**PART III– Benefits of Program and Professional Development Activities**

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| **Provide information about the educational opportunity for which you are seeking funding. Conference/course title, date, cost, website, etc.** |
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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 and our AFP chapter membership?** |
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| **Without scholarship, will you be able to attend this conference/course? Please describe.** |
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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, I declare and acknowledge:**   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. | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |