

Scholarship Application - AFP Greater Madison Chapter

\$390 Scholarship to CFRE Review Course, June 20-21 2018

Scholarship application due no later than Friday, May 25, 2018 at 4:00 p.m.

PART I – Personal & Employment Information

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a chapter scholarship in the past? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
FUND DEVELOPMENT INFORMATION			
Are you currently employed in a fund development position? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			

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 III– 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	
By signing this application, I declare and acknowledge: <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.	
Signature	Date

Submit this completed application to:

Courtney Polster, Ph.D., CFRE

Scholarship Chair

scholarships@madisonafp.com.

If you have questions, please call Courtney at (608) 469-8609.

Deadline: Friday, May 25 2018 at 4:00 p.m.

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