

Scholarship Application - AFP Greater Madison Chapter

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

Provide information about the educational opportunity for which you are seeking funding. Conference 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?

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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.

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