



**ASSOCIATION OF FUNDRAISING PROFESSIONALS  
GREATER DALLAS CHAPTER  
AFRICAN AMERICAN OUTREACH SCHOLARSHIP APPLICATION  
*funded by Communities Foundation of Texas***

*This scholarship is awarded to African Americans in the field of fundraising and development for the purpose of membership in the AFP Greater Dallas Chapter*

**Personal Data**

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Have you been an AFP member of this or another chapter?

Yes  No Where/when? \_\_\_\_\_

Have you ever received an AFP Scholarship?  Yes  No

If yes, state purpose and year: \_\_\_\_\_

Years in the Development Profession \_\_\_\_ Years at Current Organization \_\_\_\_ Annual Agency Budget \$ \_\_\_\_\_

**Scholarship Request (use an additional sheet of paper if needed)**

I am asking for the scholarship for the following purpose \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I expect to gain the following as a result of being awarded this scholarship. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Membership**

- Professional Membership
- Young Professional Membership – Age 30 or Younger
- Collegiate Membership – Full time student at a school with an AFP collegiate chapter

*I affirm that I am African American and employed as a full-time fundraising professional or spending at least fifty percent of my time fundraising for my employer.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

**Please attach a resume and return the completed scholarship application form to:  
AFP Greater Dallas Chapter • CFT Scholarship • 14070 Proton Road, Suite 100 • Dallas, TX 75244  
or email to [afpchapteroffice@afpdallas.org](mailto:afpchapteroffice@afpdallas.org)**