



ASSOCIATION OF FUNDRAISING PROFESSIONALS GREATER DALLAS CHAPTER SCHOLARSHIP APPLICATION

Funded by AFP Global

This scholarship will be awarded to eight individuals or organizations that have been impacted by COVID-19.

Name _____

Job Title _____

Organization/Agency _____

Business Address _____

City/State/Zip _____

Phone Number/FAX 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)

Has COVID-19 impacted you or your organization? Please explain. _____

If awarded, what do you expect to gain after 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 myself and/or my organizations that have been hard hit by COVID-19.

Applicant's Signature

Date

Supervisor's Signature

Date

Please attach a resume and return the completed application form by August 14, 2020 to:

AFP Greater Dallas Chapter • CFT Scholarship • 14070 Proton Road, Suite 100 • Dallas, TX 75244
or email to afpchapteroffice@afpdallas.org