

## 2026 AFP Foundation Chamberlain Scholarship Program

Deadline for applications: January 15, 2026

## **Personal Data**

Applicant's Name				_
Are you a member of AFP? ☐ Yes	<b>J</b> No			
Job Title				_
Employer				_
Business Address				_
City	State		Zip	_
Business Phone Number	]	Home Phone Number		
Cell Number				
	Website URL			
Name of Supervisor (if applicable)				_
Supervisor Phone Number				_
Supervisor Email				_
Background Information				
Years in the Profession				
Previous Training in Fundraising				
(.	Please specify courses,	, seminars, confe	erences attended)	
				_
Professional Reference				_
	an present employer)			_
				_
What I expect to gain from participation in	the AFP Internationa	al Conference t	hat will benefit me and my organization:	
By submitting this application, I affirm that I ditime fundraising for my employer, and that I hunderstand that only one individual from my la 2026 AFP ICON conference in San Diego, Ca	have never attended an local organization can b	NSFRE/AFP In be selected, and	ternational Conference on Fundraising. I also that travel and lodging expense to attend the	
(Applicant's Signature)		(Dat	re)	