



ASSOCIATION OF FUNDRAISING PROFESSIONALS
GREATER DALLAS CHAPTER
SCHOLARSHIP APPLICATION

Personal Data

Name _____

Job Title _____

Organization/Agency _____

Business Address _____

City, State, Zip _____

Phone Number _____ FAX _____

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

I am asking for the scholarship for the following purpose _____

I expect to gain the following as a result of being awarded the scholarship. _____

Budget

Cost of Program or Membership \$ _____

Minus Contribution by Employer and/or Applicant - \$ _____

Amount of Scholarship Request \$ _____

I affirm that I am employed as a full-time fundraising professional or spend 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 registration form to:

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

Please indicate which scholarship you are applying for.
[] Past Presidents Scholarship Fund Honoring the Memory of Schott Buchanan and John Davis
Awarded for AFP membership, continuing education registration fees, and course materials.
[] Barbara Minor James Friend of Diversity Scholarship
Awarded to persons from diverse populations for continuing education programs or AFP membership.