

ASSOCIATION OF FUNDRAISING PROFESSIONALS GREATER DALLAS CHAPTER SCHOLARSHIP APPLICATION

Personal Data	Please indicate which scholarship you are applying for.		
Name	☐ Past Presidents Scholarship Fund		
Job Title	Honoring the Memory of Scott		
Organization/Agency	Buchanan and John Davis Awarded for AFP membership,		
Business Address	continuing education registration fees,		
City, State, Zip	and course materials. Barbara Minor James Friend of Diversity Scholarship Awarded to persons from diverse populations for AFP membership.		
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 the scholarship.			
If selected, I would prefer to receive scholarship funds awarded (check ☐ before December 31st of this current year, or ☐ after January 1st of n			
Budget Cost of Program or Momborship			
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)		