



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 in 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

Agency Mission Statement

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, LB 9 • Dallas, TX 75244
or email to afpchapteroffice@afpdallas.org

Please indicate which scholarship you are applying for.

Buchanan New Member Scholarship
Awarded for new member AFP scholarships for a one-year period.

Davis Scholarship
Awarded for AFP membership, continuing education registration fees, and course materials.

James Scholarship
Awarded to persons from diverse populations for continuing education programs or AFP membership.