

AFP Foundation 2018 Chamberlain Scholarship Program Application

Submission Deadline: September 15, 2017

Personal Data

Applicant's Name _____

Are you a member of AFP? _____

Job Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Home Phone Number _____

Email Address _____ Website URL _____

Supervisor's Signature _____

(or signature of an Executive Committee member on your organization's board)

Phone Number _____

Background Information

Years in the Profession _____

Previous Training in Fundraising _____

(Please specify courses, seminars, conferences attended)

Professional Reference _____

(Other than present employer)

Phone _____ Email _____

I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended an NSFRE/AFP International Conference on Fundraising and understand that only one individual from my local organization can be selected.

(Applicant's Signature)

(Date)

Additional Information Required by the Chapter

Annual operating budget of your organization _____

Annual budget for training/professional development _____

Attach additional sheets as needed:

1. What other professional development programs/seminars/conferences do you attend on a regular basis?
2. Why do you want to attend AFP's International Conference?

Return by September 15 to:

Dianne M Dillon, CFRE, Greenville Health System
300 East McBee, Suite 503 • Greenville, SC 29601
ddillon@ghs.org