

To be adapted to meet local chapter criteria
2009 AFP Foundation Chamberlain Scholarship Program
Deadline for applications: _____

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: