



Application for Membership Scholarship

Greater Dayton Region Chapter
Date Approved: April 9, 2009

PERSONAL INFORMATION		
FIRST NAME:	MI:	LAST NAME:
JOB TITLE / POSITION:		EMPLOYER / ORGANIZATION:
CURRENT BUSINESS ADDRESS:		
CITY:	STATE:	ZIP CODE:
BUSINESS PHONE:	BUSINESS FAX:	
EMAIL ADDRESS:		
ARE YOU A MEMBER OF AFP? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU RECEIVED YOUR CFRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A FIRST-TIME APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO

FUNDRAISING SKILLS & BACKGROUND INFORMATION	
YEARS IN PROFESSION:	YEARS FUNDRAISING WITH CURRENT EMPLOYER / ORGANIZATION:
LIST ANY PREVIOUS COURSES, CONFERENCES, SEMINARS OR TRAININGS IN FUNDRAISING IN WHICH YOU HAVE PARTICIPATED:	

APPLICANT DECLARATION

By signing this application, I declare and acknowledge:

1. That to the best of my knowledge and belief, I hereby verify that the information and summary of activities as submitted in this application are correct.
2. That I, the applicant, meet the eligibility requirements as outlined in the Membership Scholarship Policy.
3. That if I receive a Membership Scholarship, my name may be published in the chapter eNewsletter.
4. That I understand the information provided on this applicant may be used for research and statistical analysis.
5. That if any information on this application is inaccurate, any awards may be reassessed and/or withdrawn.

SIGNATURE:

DATE:

Submit this completed Membership Scholarship Application and a one-page letter detailing how this award will benefit you and your organization to:

Anne Merrill
Chapter Administrator
AFP, Greater Dayton Region Chapter
PO Box 3515
Dayton, OH 45401-3515
Phone: (937) 789-4132
Email: admin@afpdayton.org