



Oregon & SW Washington Chapter

AFP International Conference Scholarship Application

Availability:

- One registration fee scholarship for first-time AFP International Conference attendees (Chamberlain Award)
- One registration fee scholarship for AFP International Conference attendees/members (AFP Chapter Award)

AFP International Conference Scholarship (Chamberlain Award): Applicants must be a first time attendee. AFP members receive preference, as well as applicants who volunteer for the Chapter. Preference is also given to applicants employed by their organization for at least one year.

AFP International Conference Scholarship (Chapter Award): AFP members receive preference, as well as applicants who volunteer for the Chapter. Preference is also given to applicants employed by their organization for at least one year.

Deadline: Applications must be received by **October 21, 2017**.

Selection: Applications are reviewed by committee. Notification will be made by letter, e-mail and/or phone.

Scholarship request is for (check one): _____ Chamberlain Award _____ AFP Chapter Award

Name of Applicant: _____ Not-for-Profit Agency: _____

Job Title: _____ Time in this Job/Position: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Describe current position, including fundraising responsibilities, and approximate % of time spent on fund development:

Note any fundraising credentials (CFRE, ACFRE, FAHP, etc.): _____ Are You an AFP member? _____

Agency Information Year Founded: _____ Annual Budget: _____

Annual private philanthropic revenue goal: \$ _____ Number of Development Staff: _____

Agency mission and program focus: _____

Additional Information Required

- _____ Date of last AFP scholarship awarded to any individual in your organization (if known)
- _____ List of previous training in fundraising (*Courses, seminars, conferences attended in past 3 years*)
- _____ Copy of your current resume or CV
- _____ Letter describing expected benefits to your professional development and your organization's capacity for service through your attendance at the AFP International Conference

*I verify that the information in this application is accurate and that I am employed as a full-time fundraising professional or spend at least 50 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 should NOT register for the conference prior to receiving notification packet.***

Signature of Applicant Date

Signature/Endorsement of CEO/ED or Board Chair Date

[E-mail application](#) to Scholarship Chair **Questions?** Contact Shari Scales shari.scales@providence.org at 503-215-6220

FOR OFFICE USE ONLY: _____ Date application received _____ Date application approved or denied (*circle one*)