



2009 AFP Foundation Chamberlain Scholarship Program
Deadline for applications: Must be received by 5 pm Wednesday, October 20, 2008

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 (_____) _____

E-Mail Address _____ Website URL _____

How long have you been responsible for fundraising with your present organization? _____ Years _____ Months

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 (_____) _____

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 AFP or NSFRE International Conference on Fundraising and understand that only one individual from my local organization can be selected.

(Applicant's Signature)

(Date)

Please list any chapter committees that you have been active on since your membership began:

rev. 03/08

Submit to:

Deb O'Donnell

AFP-WM Chapter Administrator (must be received by 5pm 10/20/08)

PO Box 6302, Grand Rapids, MI 49516-6302

Fax: 616.732.4481

Phone: 616.988.8020

E-Mail: odonndeb@aquinas.edu