



2012 AFP Foundation Chamberlain Scholarship Program

Deadline for applications: 5pm on Tuesday, October 11, 2011

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 _____

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, etc. attended.)

Professional Reference _____

(other than present employer)

Phone _____ E-Mail _____

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

If you are an AFP member, list any chapter committees with which you have been active since becoming a member.

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)

Submit completed application by 5pm Tuesday, October 11 by mail or e-mail to:

**Scholarship Chair
AFP West Michigan
PO Box 6302
Grand Rapids MI 49516-6302
afpwestmichigan@gmail.com**