



Scholarship Application Form

Date:

Scholarship you are applying for (select one): --select one--

PERSONAL DATA

Applicant's Name:

Male Female

Are you a member of AFP? --select one--

How long?

Current Job Title:

Employer:

Business Address:

Business Phone: xxx-xxx-xxxx

Home/Cell Phone: xxx-xxx-xxxx

Email Address:

Are you 30 years or younger? Yes No

(Required for New Young Professional Scholarship Applicants)

BACKGROUND INFORMATION

Years in Profession:

Have you had other training in fundraising? --select one--

List/describe the courses:

Please tell the committee how this scholarship will help you (financial need, professional development, career advancement, etc.) (150 word max)

PLEASE EMAIL COMPLETED FORM BY POSTED DEADLINE TO:

membership@afpcentralflorida.org

RE: Central Florida AFP Scholarship Application