



# 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:**

**mail@afpcentralflorida.org**

**RE: Central Florida AFP Scholarship Application**