**AFP SEWI Chapter**

**Membership Scholarship Application 2021**

Membership Scholarships are available to new members, members whose membership has lapsed, or current members.

Please note, if you are awarded a scholarship you will be reimbursed by AFP SEWI Chapter **after** completing your membership application and paying the dues to AFP International.

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which scholarship you are applying for:

\_\_\_\_ Professional Membership $310

\_\_\_\_ Small Non-Profit Membership (must qualify) $175

\_\_\_\_ Young Professional Membership (under 30 years old) $95

**Membership Information:**

I am applying as a:

\_\_\_\_ New member

\_\_\_\_ Lapsed member

\_\_\_\_ Current member

If lapsed, when and for how long were you a member of AFP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If current, when does your membership renewal come due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employer/Organizational Information:**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization address (include city and zip code):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization annual budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your organization have a professional development budget?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**Applicant Information:**

How many years have you been in the fundraising profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received an AFP scholarship in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when and for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to gain through membership in AFP?

As a member, how would you like to become involved/continue to be involved in AFP (serve on a committee, attend educational lunches, attend conferences, contribute to the chapter newsletter etc)?

What are your professional goals?

Do you have your CFRE or are you working towards it?

What opportunities have you had working and collaborating in diverse, multicultural, and inclusive settings?

Why are you applying for this scholarship (organization does not have a professional development budget, financial hardship brought on by the pandemic, etc)?

Scholarships are available for one year only. How will you pay to renew your AFP membership in future years?