

# AFP Foundation 2025 Chamberlain Scholarship Program

**Deadline for applications: December 16, 2024**

## 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 \_\_\_\_\_

Email 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 attended)*

Professional Reference \_\_\_\_\_  
*(Other than present employer)*

Phone \_\_\_\_\_ Email \_\_\_\_\_

*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 a NSFRE/AFP ICON and understand that only one individual from my local chapter can be selected. I understand that I must provide proof of full vaccination to be granted access to this event.*

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*

**Additional Information Required by the Chapter:**

**Please return this form and a brief essay about why attending the conference would help your professional development and send to [AfpWestmichigan@gmail.com](mailto:AfpWestmichigan@gmail.com) with the subject line "Chamberlain Scholarship"**