



Association of Fundraising Professionals

Central Ohio Chapter Scholarship Program

Membership Dues Scholarship Application

This is a 50% reimbursement scholarship, except the Young Professionals category is reimbursed at 100%.

Name: _____

Professional Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ Alternate Phone: _____

Email: _____

<input type="checkbox"/> New Member	<input type="checkbox"/> Lapsed Member (which years were you a member) _____	
Years in Fundraising Profession: _____	Organization's Operating Budget: _____	Number of employees in your department: _____
Have you received a scholarship or financial aid from this or any other AFP Chapter in the past? If so, when? For what amount and what purpose?		
Additional comments for application reviewers:		

Yes, I would like 3 lunch reimbursements.
(You will register then be reimbursed for 50% of member lunch fees).

All applicants:

- I/My organization will pay the remaining fees for my membership.
- I have attached a letter of support from my Executive Director or Board President/Chair.*
If applicant is a consultant then a principal in the consulting company, client, or AFP committee chair or board member.
- If I receive a scholarship, please reimburse me.
- OR-**
- If I receive a scholarship, please reimburse my organization.
- If chosen, I will actively participate on the following committee next year.

Please indicate 1st, 2nd and 3rd choices. Visit <http://www.centralohioafp.org/volunteer-opportunities/> for committee details.

_____ Marketing	_____ Education	_____ Public Policy
_____ NPD Nominations	_____ Membership	_____ Scholarship
_____ National Philanthropy Day	_____ Diversity & Inclusion	_____ Sponsorship
_____ AFP Education Courses	_____ Collegiate Chapter	_____ Be The Cause

Signature: _____ Date: _____

Email application to:

Lauren Bell • lbell@columbuslibrary.org

Applications will be considered on a rolling basis.