



# Association of Fundraising Professionals Central Ohio Chapter Scholarship Program

## C.F.R.E. Application/Exam Fee Application

Scholarships will be awarded to AFP member applicants who show interest and need for completing the C.F.R.E. exam. This is a 50% reimbursement scholarship.

### Applicants must:

1. Be a current Central Ohio AFP member.
2. Provide a letter of support from their employer, board chair or client.

\*Special consideration will be given to applicants who attend monthly meetings and/or free audio conferences, who participate on an AFP Committee, and/or participate in the AFP Mentor/Mentee program. Should your application be chosen, service on one of the chapter's committees for a minimum of one year will be required.\*

### Scholarship Application Form

**\*Please provide the following information (attach additional pages for any question if needed.)\***

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Are you a current active member of the Central Ohio Chapter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I do not receive a scholarship	<input type="checkbox"/> I will not be able to take the C.F.R.E. exam. <input type="checkbox"/> I will pay the registration fee. <input type="checkbox"/> My organization will pay the registration fee.	

Years in Fundraising Profession: \_\_\_\_\_

Organization's Operating Budget: \_\_\_\_\_

Are you eligible for professional training funding? Check if yes.

Number of employees in your department: \_\_\_\_\_

How will you benefit from this scholarship?

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?

Please list your involvement and participation with AFP committees or activities with dates. Preference is given for prior involvement with the chapter.

Please provide details:

\_\_\_\_\_ # of AFP monthly meetings in the past 12 months.

\_\_\_\_\_ # of AFP monthly conferences in the past 12 months.

- mentor program
- currently/previously served on an AFP committee
- currently/previously served on the board

Additional comments for application reviewers:

### All applicants:

I have reviewed the C.F.R.E. application and certify that I am eligible and understand the minimum requirements.

I/My organization will pay the other related course attendance costs such as any travel and hotel accommodations (if required).

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.\* See <http://www.centralohioafp.org/volunteer-opportunities/> for details on committees.

\_\_\_\_\_ Marketing/PR

\_\_\_\_\_ Monthly Education Programs

\_\_\_\_\_ Be The Cause

\_\_\_\_\_ NPD Nominations

\_\_\_\_\_ Membership

\_\_\_\_\_ Scholarship

\_\_\_\_\_ National Philanthropy Day

\_\_\_\_\_ Diversity & Inclusion

\_\_\_\_\_ Sponsorship

\_\_\_\_\_ AFP International Education Courses

\_\_\_\_\_ Collegiate Chapter

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### Email application to:

Lauren Bell • [lbell@columbuslibrary.org](mailto:lbell@columbuslibrary.org)

**\*Applications will be considered on a rolling basis.\***