



# 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:

Shelley Frank • [sfrank@casacolumbus.org](mailto:sfrank@casacolumbus.org)

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