



# Association of Fundraising Professionals Central Ohio Chapter Scholarship Program

## CFRE REFRESHER COURSE

September 6-7, 2012

### Applicants must:

1. Be a current Central Ohio AFP member.
2. Provide a letter of support from 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.\*

\*\*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 attend. <input type="checkbox"/> I will pay the difference. <input type="checkbox"/> My organization will pay the difference.		

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

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

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

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

I would like to attend the CFRE Refresher Course because:

My expectations for the CFRE Refresher Course are:

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.

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

- |                                                    |                                                |                                             |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Marketing                 | <input type="checkbox"/> Education             | <input type="checkbox"/> Scholarship        |
| <input type="checkbox"/> NPD Nominations           | <input type="checkbox"/> Membership            | <input type="checkbox"/> Sponsorship        |
| <input type="checkbox"/> National Philanthropy Day | <input type="checkbox"/> Diversity & Inclusion | <input type="checkbox"/> Collegiate Chapter |
| <input type="checkbox"/> AFP Education Courses     |                                                |                                             |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email application by August 21, 2019 to:**  
Lauren Bell • [lbell@columbuslibrary.org](mailto:lbell@columbuslibrary.org)