

AFP Monterey Bay Chapter
2018 Chamberlain Scholarship Program

Deadline for applications: October 25, 2017

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

Why would you like to be considered for a Chamberlain Scholarship? (3-4 sentences)

Years in the Profession _____

Previous Training in Fundraising _____
(Please specify courses, seminars, conferences attended)

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 an AFP International Conference on Fundraising and understand that only one individual from my local organization can be selected.

(Applicant's Signature)

(Date)