AFP Alaska Chapter
Professional Development
Scholarship Application

Date _____ Are you a current member? _____

Name _____ Title _____

Organization _____ Email _____

Work Address _____ City, Zip _____

Work Phone _____ Cell Phone _____

How long have you been responsible for fundraising with organization? (# months & years) _____

Years in the Fundraising Profession _____ Professional Reference _____

Reference Phone_____ Reference Email _____

In the past 2 years, I have attended:

_____# of AFP Luncheon Trainings _____# of AFP Chapter Conferences

_____# of AFP International Conferences _____# of AFP Chapter Socials

_____# of AFP Audio conferences _____served on chapter committee?

Do you personally represent one of the following dimensions of diversity?

Human Diversity - physical differences inc. gender, age, race, sexual orientation and physical/mental ability ___

Cultural Diversity - beliefs, values, and personal characteristics, including ethnicity and religion ___

Systems Diversity - organizational structure and management systems, grassroots organizations ___

**Please share: 1) Amount requested and what is the professional development scholarship to be used for? 2) why financial assistance is needed 3) how you feel this scholarship will help you professionally?*

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Applications accepted on a rolling basis and reviewed quarterly until filled

Please submit completed application to Scholarship Committee via Kelly Hurd at 907 793-3272 or khurd@citci.org

For Alaska Chapter Use: Date Received_____Date Committee Reviewed _____

Approved_____Amount Awarded $_____