



# AFP Alaska Chapter Rural Philanthropy Day Scholarship

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) Why financial assistance is needed 2) how you feel this scholarship will help you professionally?*

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***Applications accepted until filled***

Please submit completed application to Scholarship Committee via Kelly Hurd at 907 793-3272 or [khurd@citci.org](mailto:khurd@citci.org)

For Alaska Chapter Use: Date Received \_\_\_\_\_ Date Committee Reviewed \_\_\_\_\_  
 Approved \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_