



Association of Fundraising Professionals, Colorado Chapter
Membership Scholarship Application
\$100 towards Membership
New Members

Personal Data

Applicant's Name

Job Title

Employer

Business Address

City State Zip

Business Phone Number Home Phone Number

Email Address Website URL

(Supervisor's Signature)

(Date)

- 1. How long have you been at your present job?
2. How long have you been in the fundraising field?
3. I would be willing to serve on a committee Yes No, thanks.

Our expectation is that scholarship recipients will serve on a committee. If no, please explain why.

The committee that would best fit my interests and talents might be

4. Please describe briefly (100 words) how this AFP membership would be relevant to your fundraising career. Please attach typewritten sheet or send via email if submitting electronically.

(Applicant's Signature)

(Date)