



Association of Fundraising Professionals, Colorado Chapter
AFP Program Scholarship Application
Application Deadline: 21 days before program

Program Date: _____ **Subject:** _____

Personal Data

Applicant's Name _____

Job Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Home Phone Number _____

Email Address _____ Website URL _____

1. How long have you been at your present job? _____ Years _____ Months

2. How long have you been in the fundraising field? _____ Years _____ Months

3. Please share why you need this scholarship. _____

4. What do you expect to gain from this program _____

(Applicant's Signature)

(Date)