



Application for PROFESSIONAL MEMBERSHIP Scholarship

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Title \_\_\_\_\_

Organization street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_

Estimated percent of time spent in fundraising in current position \_\_\_\_\_

AFP NE IN programs you have/will attended (dates) \_\_\_\_\_

Do you meet the criteria for an AFP Professional Membership? yes  no

**ORGANIZATION INFORMATION**

What is the mission of your organization? \_\_\_\_\_

What year was it established? \_\_\_\_\_ What is your annual operating budget? \$ \_\_\_\_\_

What is the total number of employees (excluding volunteers)? \_\_\_\_\_

Number of development staff: \_\_\_\_\_ full-time \_\_\_\_\_ part-time

*Please attach a copy of your organization's IRS determination letter.*

**FINANCIAL NEED and BENEFITS**

**Please answer the following questions on a separate sheet.**

1. Describe your financial need for a membership scholarship, including your organization's financial status. Please include if you are requesting a full or partial scholarship.
2. How will participation in this program benefit your organization and your community?
3. What are your professional goals? How will a membership scholarship help your career?
4. How would you fulfill the requirement of service to our AFP chapter?
5. Describe your plan to take advantage of membership benefits by attendance at National Philanthropy Day and chapter programs.

**SIGNATURES**

**Applicant:** By signing this form, I verify that all information included in this application is accurate.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Supervisor:** By signing this form, I commit to providing opportunities for our employee to use this scholarship through participation in training programs as described in the eligibility and criteria statement.

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Note:** Send materials, including IRS letter, to AFP NEIN, PO Box 03498, Fort Wayne, IN 46869-3498 or email membership@afpnein.org.



## PROFESSIONAL NORTHEAST INDIANA MEMBERSHIP SCHOLARSHIP

### Eligibility – Applicants must:

1. Open to individuals (a) who, among other responsibilities, hold some degree of accountability for income-generation within the fundraising process; (b) who must hold some degree of responsibility directly for fundraising; (c) who are compensated for their services; and (d) who subscribe to the *AFP Code of Ethical Principles and Standards* and promote the *Donor Bill of Rights*. Active members in good standing may vote, serve on chapter or Association committees and task forces and hold Association or chapter office. Be responsible for fundraising in a non-profit 501(c) (3) organization in Northeast Indiana (preference given to professionals who spend at least 50% of their time in development)
2. Demonstrate financial need
3. Actively serve on a committee for the duration of your scholarship year
4. Commit to attending at least three Northeast Indiana AFP chapter programs
5. Agree to participate in the chapter by attending National Philanthropy Day and at least four additional programs during the 12-month membership period
6. One person per organization per year will be eligible to apply

### Selection Criteria

1. Submission of complete application materials
2. Demonstrated financial need
3. Evidence of anticipated benefits from participation in AFP
4. Evidence of professional goals and their potential enhancement through AFP
5. Willingness to provide service to the chapter
6. Evidence of a plan to take advantage of the chapter's training opportunities
7. Support from the organization and/or supervisor to enable the recipient to participate in AFP programs

### Scholarship Benefits

- Payment of the ½ of first year dues for a Professional Membership (value \$140). Or Payment of the full value first year dues for a Professional Membership (value \$280). Local chapter dues of \$50 are still required from the applicant. **Please make checks payable to AFP Northeast Indiana or pay online**  
[https://crm.bloomerang.co/HostedDonation?ApiKey=pub\\_d95c9e6a-f2a4-11e8-a0ce-02c0abb74542&WidgetId=427008](https://crm.bloomerang.co/HostedDonation?ApiKey=pub_d95c9e6a-f2a4-11e8-a0ce-02c0abb74542&WidgetId=427008).

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