



Application for YOUNG 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 attended (dates) _____

Do you meet the criteria for an AFP Young 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 a 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 employees 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 Northeast Indiana, Attention: Membership P.O. Box 13498, Fort Wayne, IN 46869-3498 or email membership@afpnein.org.



YOUNG PROFESSIONAL NORTHEAST INDIANA MEMBERSHIP SCHOLARSHIP

Eligibility – Applicants must:

1. Open to persons who hold some degree of responsibility directly for fundraising, work within Northeast Indiana and are compensated for their services, and are 30 years old or younger, must subscribe to the *AFP Code of Ethical Principles and Standards* and its bylaws and promote the *Donor Bill of Rights* and be employed, or have been employed by an organization that provides benefits to society.
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 first year for Young Professional Membership dues, both local and national dues (value \$95)

Note: Send materials, including IRS letter, to AFP Northeast Indiana, Attention: Membership P.O. Box 13498, Fort Wayne, IN 46869-3498 or email membership@afpnein.org.