



# APPLICATION FOR SCHOLARSHIP

Association of Fundraising Professionals  
Fort Lauderdale/Broward Chapter

The Association of Fundraising Professionals Fort Lauderdale/Broward Chapter is pleased to offer a variety of scholarship opportunities for educational and professional development available for AFP members and non-members. Scholarships will be awarded for:

- **AFP new or renewing membership**
- **AFP Fundamental of Fundraising Course**
- **Luncheon Attendance**
- **CFRE Study Course**
- **CFRE Exam Registration**
- **Planet Philanthropy**
- **Chamberlain Scholarship**

Whether you are new to fundraising or are a seasoned professional, we invite you to apply for one of our many scholarship opportunities. These quality educational programs offered through the Association of Fundraising Professionals provide valuable information for those of us in the development field. Chapter scholarships are a wonderful resource to help offset the costs associated with these formal trainings.

If you are applying for a membership scholarship, you must download and complete the Membership Application by visiting [www.afpnet.org](http://www.afpnet.org) and downloading the Membership Invitation. Attach a copy of the completed Membership Invitation to this application. **Scholarships for renewing memberships are one-time only.**

All scholarship applicants are asked to submit completed form, a current resume, and a letter expressing need. Please note: to maximize the number of scholarships we can distribute and the people served by the AFP Fort Lauderdale/Broward Chapter, we may distribute partial scholarships. All scholarship recipients are asked to participate in select chapter functions as a volunteer.

**Please return the completed form, a current resume, a letter expressing need,  
and the completed membership form (if applicable) to:**

**Fort Lauderdale/Broward Chapter of AFP**  
15757 Pines Boulevard, #243, Pembroke Pines, Florida 33027  
[afpbrowardchapter@gmail.com](mailto:afpbrowardchapter@gmail.com)

**I am applying for:**

- |  |   |
|--|---|
| <input type="checkbox"/> New Membership (one time award) | <input type="checkbox"/> Renewal of Membership (one time award) |
| <input type="checkbox"/> Luncheon Attendance             | <input type="checkbox"/> AFP Fundamentals of Fundraising Course |
| <input type="checkbox"/> CFRE Study Course               | <input type="checkbox"/> CFRE Exam Registration                 |
| <input type="checkbox"/> Planet Philanthropy             | <input type="checkbox"/> Chamberlain Scholarship                |

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I learned about these scholarships from:

AFP website       AFP Meeting       Other \_\_\_\_\_

Are you a member of professional organization(s)?       Yes       No

If Yes, please list: \_\_\_\_\_

Are you/is anyone in your organization a member of AFP?       Yes       No

If yes, please name: \_\_\_\_\_

Does your organization support AFP in any other way?       Yes       No

If yes, please explain: \_\_\_\_\_

How long have you been in the field of fundraising? \_\_\_\_\_

Are you involved in fundraising full time?       Yes       No

If you answered "no", please explain why/why not / your involvement: \_\_\_\_\_

Are you eligible for monies for professional education from your organization?       Yes       No

Why do you wish to be considered for a scholarship? \_\_\_\_\_

How will this scholarship benefit you and your organization? \_\_\_\_\_

When you complete the course, do you intend to join AFP?       Yes       No

If you are not offered the scholarship, do you intend to (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Take the course anyway | <input type="checkbox"/> Join AFP               |
| <input type="checkbox"/> Take the CFRE course   | <input type="checkbox"/> Take the CFRE exam     |
| <input type="checkbox"/> Attend AFP meetings    | <input type="checkbox"/> Attend AFP conferences |

Other (please state what): \_\_\_\_\_

If you are provided a partial scholarship, will you still be able to participate?       Yes       No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CEO / Supervisor Signature

\_\_\_\_\_  
Date

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**Please direct any questions to Traci Allyn Schur, CFRE, Scholarship Chair, at [tshur@browardhealth.org](mailto:tshur@browardhealth.org)**