



ASSOCIATION OF FUNDRAISING PROFESSIONALS
LONG ISLAND CHAPTER (AFPLI)
Scholarship Application

Note: *All applications must be legibly printed.*

Type of scholarship for which you are applying

_____ Membership in AFPLI * _____ Elena M. Perez Philanthropy Day Scholarship

Please indicate if you are requesting a full or partial scholarship and the amount:

Full \$ _____ Partial \$ _____ *

Note: If you are applying for a second-year membership scholarship, you are eligible for a maximum of fifty percent of the membership cost.

Personal Data Name _____

Are you a member of AFP? _____ Do you serve on any chapter committees? _____

(please list) _____

Have you previously received a scholarship from AFPLI?

(if so, include date and what program you attended)

Job Title _____

Employer _____

Does your employer have a 501(c) (3) non-profit designation?

Business Address _____

Business Phone _____

Business Fax _____

Home Address _____

Home Phone _____ Mobile: _____

E-Mail Address _____

How long have you been responsible for fundraising with your present employer?

_____ Years _____ Months

Supervisor's Signature _____ Not necessary _____

Phone _____

(or signature of an Executive committee member on your organization's board)

Background Information

Years in the fundraising profession? (if any)

_____ Years _____ Months

Previous training in fundraising (specify courses, seminars, conferences attended)

Professional Reference _____

Phone _____ (other than current employer)

Verification Applicant's Signature _____

Date _____

Attachments (must accompany all applications in order to be considered)

1. Please attach a one-page narrative explaining how this opportunity will be beneficial to you, to your organization and to your career in fundraising. Include an explanation of financial need.

2. Please include one letter of reference.

3. If you are applying for a scholarship to an educational program sponsored by an organization other than the Long Island Chapter of AFP, please attach a copy of the brochure or other descriptive material.

Kindly return this completed form to AFPLI and related documents by mail or email (info@afpli.org) to:

AFPLI
15 Cuttermill Road, Suite 210
Great Neck NY 11021

Any questions, please contact the office: 631/249-5008 or info@afpli.org