



## **ASSOCIATION OF FUNDRAISING PROFESSIONALS** **LONG ISLAND CHAPTER (AFPLI)**

The purpose of AFPLI's Scholarship Program is to support the career development of individuals entering the field of fundraising, maintain ongoing credentials and to enhance ones' ability to provide effective fundraising leadership to their organizations.

### **ELIGIBILITY REQUIREMENTS**

AFPLI members are eligible to receive a full or partial scholarship for many programs. This is considered a benefit of membership.

Individuals who are not members of AFPLI are eligible to apply for partial scholarships for membership or Philanthropy Day after meeting certain criteria.

An individual may receive only one scholarship per calendar year.

Other candidates for membership scholarship will be reviewed individually.

### **TYPES OF SCHOLARSHIP AWARDS**

Scholarships are available for a variety of educational programs sponsored by AFPLI, including attendance at Philanthropy Days and one scholarship only may be awarded annually to the AFP International Conference.

See AFP Membership invitation on [www.afpnet.org](http://www.afpnet.org) for complete details of membership categories. The recipient is expected to pay at least the chapter portion of the dues.

### **HOW SCHOLARSHIP AWARDS ARE DETERMINED**

The Scholarship Committee views favorably on an applicant's own personal financial commitment toward the educational program for which s/he is applying for a scholarship. Both full and partial scholarships may be awarded. The Committee also looks favorably upon applicants who volunteer on AFPLI committees and the recipient is required to volunteer if a scholarship is awarded. Scholarships are limited to registration fees and may not be used for travel, hotel or meal expenses.

The Scholarship Committee of AFPLI makes all decisions regarding awards. Their decision is based on a review of the required application materials, which include an application form, personal statement (**which clearly states why the applicant or his/her organization cannot pay the fee**) and letter(s) of reference. In some cases, a telephone interview may be requested.

Questions about the Scholarship Program should be directed to the AFPLI chapter office - 631-249-5008, email - [info@afpli.org](mailto:info@afpli.org)

#### **Return application to:**

Association of Fundraising Professionals  
110 Schmitt Boulevard  
Farmingdale, NY 11735  
631-249-5008

## Scholarship Application

**Note: All applications must be legibly printed.**

I. 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 \$ \_\_\_\_\_

\*Partial Scholarships up to \$200 off membership are available.

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

II. 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 \_\_\_\_\_

E Mail Address \_\_\_\_\_

How long have you been responsible for fund raising with your present employer? \_\_\_\_\_ Years \_\_\_\_\_ Months

Supervisor's Signature \_\_\_\_\_ Phone \_\_\_\_\_

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

III. Background Information

Years in the fundraising profession? \_\_\_\_\_ Years \_\_\_\_\_ Months

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

\_\_\_\_\_

Professional Reference \_\_\_\_\_ Phone \_\_\_\_\_

(other than current employer)

IV. Verification

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

V. 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, i.e. why you or your organization cannot pay the fee.
2. Please include one letter of reference.

**AFPLI \*\* 110 Schmitt Blvd., \*\*Farmingdale, NY 11735\*\* 631/249-5008\*\*info@afpli.org**