



**FORT WORTH METRO CHAPTER**

**APPLICATION**

**JAMES R. HOLCOMB CERTIFIED FUNDRAISING EXECUTIVE (CFRE)  
REIMBURSEMENT SCHOLARSHIP**

**NAME:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_  
**ORGANIZATION:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**AFP MEMBER #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

Please describe your professional fundraising experience: (Add an extra sheet, if needed)

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I am applying for reimbursement for: (please check one)  
\_\_\_\_\_ CFRE Review Course      \_\_\_\_\_ CFRE Application/Examination

I hereby certify that if awarded this reimbursement scholarship it is my intent to receive initial CFRE certification within one year of this award.

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date)

Please return this completed form (by mail, fax or email) with proof of payment to:  
Vinsen Faris, CFRE  
Meals-on-Wheels of Johnson and Ellis Counties  
106 E. Kilpatrick  
Cleburne, Texas 76031  
817.558.2840  
FAX 817.517.5453  
vinsen@mowjec.org