



Association of Fundraising Professionals Fort Worth Metro Chapter

Scholarship Application

Name _____

Job Title _____

Name of your organization/agency _____

Business Address _____

City, State, Zip _____

Phone _____

Email _____

Address _____

Have you been an AFP member in another Chapter? If Yes, please state where and when. _____

Years as a Development Professional _____

Years at Current Organization _____

Scholarship Request:

Cost of Program or Membership \$ _____

Minus Contribution by Employer \$ _____

Amount of Scholarship Request \$ _____

I affirm that I am employed as a full-time fundraising professional or spend at least 50 percent of my time fundraising for my employer.

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please circle the scholarship you are applying for:

- **Bill McDanel Endowed Scholarship**
 - Applicant will have less than 5 yrs. experience.
 - Scholarship will reimburse for:
 - Fundamentals of Fundraising course.
 - Maximum Value \$350
 - Annual deadline Aug 15th.
- **John A. Davis Scholarship**
 - Applicant will have ten years or more experience.
 - Scholarship will reimburse for advanced educational opportunities.
 - Does not pay for AFP Int'l or local AFP Conference nor Fundamentals, CFRE Review or Exam.
 - Maximum Value \$750
 - Annual deadline November 15th.
- **James R. Holcomb Scholarship**
 - Scholarship will reimbursement for CFRE Review or CFRE Exam.
 - Maximum Value \$250
 - Deadline: Anytime
- **Other**

Instructions:

1. Complete this application and include your resume.
2. Please write a 100-200 word essay about your current career goals. Describe how ~~this~~ scholarship will help.
3. For John A. Davis Scholarship applicants, describe in your essay: What educational opportunities have you or will you pursue with this scholarship?
4. For Holcomb and McDanel: Provide proof of registration with your application. Payment for Fundamentals, ~~the~~ CFRE Review Course or ~~the~~ CFRE Exam will be made with proof of attending or taking course or exam.
5. Please scan all documents and email to: angie.gallaway@rmhfw.org

Please scan all documents and return the completed application to:
 Angie Gallaway, Scholarship Chair, AFP Fort Worth Metro Chapter
angie.gallaway@rmhfw.org / 817-820-8988