



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 15<sup>th</sup>.
- **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 15<sup>th</sup>.
- **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:  
[LisaMarieBrown@TexasHealth.org](mailto:LisaMarieBrown@TexasHealth.org)

Please scan all documents and return the completed application to:  
Angie Gallaway, Scholarship Chair, AFP Fort Worth Metro Chapter  
[LisaMarieBrown@TexasHealth.org](mailto:LisaMarieBrown@TexasHealth.org) / 682.236.5233