



AFP INDIAN RIVER CHAPTER NEW MEMBER or MEMBERSHIP RENEWAL SCHOLARSHIP APPLICATION

Eligibility

- Be employed by a nonprofit organization operating within Indian River County
- Be primarily responsible for fundraising within the nonprofit organization for which they are employed
- Have never been an AFP member
- Demonstrate financial need. Available to individuals whose organization's operating budget is less than \$2 million OR is able to provide written documentation that membership cannot be obtained due to budget constraints.
- Strong consideration will be given to individuals employed by organizations with limited development staff and annual budgets
- Agree to serve on a committee or volunteer at a chapter event
- Participate as a mentee in the AFPIR mentoring program
- Invite your immediate supervisor to at least one AFP Chapter Function

Scholarships Offered

All except renewal scholarship may be extended for 2nd year with proper documentation of having met all requirements

Applicant must meet category requirements as outlined on membership application

- Young Professional (under 30 - 2/year)
- Small Non-Profit (2/year)
- Professional Membership (1/year)
- Renewal (2/year)

Available to current members whose organization's operating budget is less than \$2 million and is able to provide written documentation that membership will not be renewed due to budget constraints. Member must be active demonstrated by committee service, volunteerism at AFP event or attendance at more than 50% of chapter professional development offerings.

Application Process

Submit completed scholarship application, membership application, signed scholarship agreement and current resume and mail to:

**AFP Indian River
Scholarship Chairman
PO Box 1213
Vero Beach, FL 32961**

Internal use only:

- Reviewed by Scholarship Committee
- Board Approval ___yes___no
- Applicant advised _____
- Membership application and dues submitted to IHQ _____
- News release _____
- Committee involvement _____
- Organizational decision maker attends AFP function
- Recipient's year-end report received
- Board approves 2nd year scholarship ___yes___no
- Renewal application and dues sent to IHQ _____

ABOUT YOU

Name _____

Title _____

Daytime Phone _____ Email _____

Preferred address for AFP mailings _____

SCHOLARSHIP APPLYING FOR

Under 30 Small Non-Profit Professional Renewal

EMPLOYMENT

Organization _____

Supervisor's Name/Title _____

Local Address (if different from above) _____

Local number of employees fulltime _____, part-time _____, volunteers _____

Local employer Net Income last year \$ _____

Development Office employees fulltime _____, part-time _____, volunteers _____

Percent of time fundraising in current position _____%

Length of time in fundraising profession _____ fulltime _____ part-time _____

YOUR INTEREST IN AFP

Feel free to use the other side; brevity is appreciated

1. What are your expectations from AFP Membership?

2. What do you plan to accomplish to further your professional development?

3. On which AFP committee(s) would you like to serve?

_____ National Philanthropy Day	_____ Diversity
_____ Publicity/Communications	_____ Membership
_____ Professional Advancement	_____ Scholarship

4. Who in your organization would you like to invite to attend a courtesy AFP program?

Applicant Signature _____ Date _____

Supervisor's Signature _____ Date _____