AFP INDIAN RIVER CHAPTER
NEW MEMBER or MEMBERSHIP RENEWAL
SCHOLARSHIP APPLICATION

Eligibility

- Be employed by a nonprofit organization operating within Indian River County, unless applying for Small Nonprofit status
- Be primarily responsible for fundraising within the nonprofit organization for which they are employed
- Have never been an AFP member
- Demonstrate financial need. Strong consideration will be given to individuals working to fundraise for organizations with limited development staff and annual budgets and Small Nonprofit organizations.
- Agree to serve on a committee and volunteer at a chapter event
- Invite your immediate supervisor to at least one AFP Chapter Function. If you are Executive Director, invite a key board or fund development volunteer to at least one AFP Chapter Function.

Scholarships Offered

All except renewal scholarship may be extended for second 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 as demonstrated by committee service, volunteerism at AFP event or attendance at more than 50% of chapter professional development offerings.

Application Process

Submit completed and signed
1) Scholarship Application
2) Membership Application
3) Scholarship Agreement with current resume to:

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

Accompanying forms available at
www.afpindianriver.org/Member-Scholarship-Opportunities.html

Internal use only:

- ☐ Reviewed by Scholarship Committee ___/___/___
- ☐ Board Approval___yes ___no ___/___/___
- ☐ Applicant advised ___/___/___
- ☐ Membership application and dues submitted to IHQ ___/___/___
- ☐ News release issued ___/___/___
- ☐ Committee involvement _____
- ☐ Event participation _____ ___/___/___
- ☐ Supervisor or board member 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

☐ Young Professional-Under 30 ☐ Small Nonprofit ☐ 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 of this form or attach an additional page.

1. What do you plan to accomplish in your next 12 months as an AFP Member?

2. What are your top three professional education goals for the next 12 months?

3. Indicate any/all AFP committee(s) of interest to you:
   _____National Philanthropy Day _____ Membership
   _____Publicity/Communications _____ Scholarship
   _____Professional Advancement

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

_____ _____
Applicant Signature Date

_____ _____
Supervisor's Signature Date

Submit with Membership Application and Scholarship Agreement, available at www.afpindianriver.org/Member-Scholarship-Opportunities.html