

**AFP CHARLOTTE MEMBERSHIP**

**SCHOLARSHIP APPLICATION**

|  |  |  |
| --- | --- | --- |
| **Membership Type** | **Amount** | **Selected Type** |
| Professional | $280 |  |
| Young Professional | $95 |  |
| Retired | $100 |  |
| Associate | $225 |  |
| Small Non-Profit Organization | $175 |  |
| **Professional Development Course** | **Amount** | **Description of educational opportunity** |
|  |  |  |

**AFP membership number:**

**Name:**

**Title:**

**Organization:**

**Mailing address:**

**Phone:**

**Email:**

**Supervisor name and title:**

**Applicant signature and date:**

**Supervisor signature and date:**

**Please type and complete the *entire* application. Incomplete applications will not be considered. Notification will be given within two weeks of receipt of application.**

On a separate sheet, please type responses to the following questions. Please refer to yourself in the first person and to your organization as “the organization” in order to maintain the integrity of our blind-review application process.

1. How many years have you been employed in the development and the fundraising field?

2. Describe how you have been involved with the AFP Charlotte chapter. Please include committee and volunteer work.

3. What will your future involvement with AFP Charlotte look like?

4. How has your organization been impacted by the Covid-19 crisis?

5. How have you personally been impacted by the Covid-19 crisis?

6. Does your organization support your educational /professional goals? If so, in what way?

7. How will this scholarship enhance your work and support you in your current role?