



AFP FAIRFIELD COUNTY CHAPTER

CFRE REVIEW SCHOLARSHIP APPLICATION

Deadline for Scholarship Applications for the CFRE Review Course: 5/2/14.
 Only applications filed with all materials by that date will be considered.

Personal Data

Applicant's Name (printed) _____ Member of FC Chapter AFP? _____
 Job Title _____ Employer _____
 Business Address _____ Federal EIN _____
 City _____ State _____ Zip _____
 Business Phone (_____) _____ FAX (_____) _____
 E-mail _____ Annual Budget of Your Organization: \$ _____
 How long have you been responsible for fundraising with your present employer? ____ Yrs. ____ Mos.
 Supervisor's Signature _____
 Print Supervisor's Name _____ Phone (_____) _____
 (or signature of an Executive Committee member on your organization's Board)

Background Information

Years in the Profession ____

Three (3) Professional References:

Name	Email	Phone	Organization/Affiliation (other than present employer)

I live or work in the Fairfield County Chapter region, am a current fundraising professional or volunteer, and have not received a chapter scholarship in the last two years or this scholarship in the last three.

I agree to provide feedback to AFP Fairfield County on the benefits of this scholarship.

(Applicant's Signature)

(Date)

Additional information:

Please attach a cover letter (**on a separate sheet**) outlining how this scholarship will help you further your career in fundraising. Include what budget considerations qualify you for the conference.

Attach a complete resume and/or professional biography. Include volunteer memberships, including any professional or civic memberships, or volunteer activities you have been involved with, including the dates or years active and any positions or offices held. Include other courses, seminars or conferences attended.

SUBMIT COMPLETE APPLICATION BY 5/2/14 TO:

Donna Schmidt - dschmidt@operationhopect.org