



## CFRE REVIEW SCHOLARSHIP APPLICATION

**Deadline for Scholarship Applications for the CFRE Review Course: 9/8/17**

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.

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 9/8/17 TO:**

Lisa Ferraro – [l.ferraro@eagelhill.org](mailto:l.ferraro@eagelhill.org)