



AFP Rockford Chapter  
Scholarship Application

Please email completed application to [administrator@afprockford.org](mailto:administrator@afprockford.org)

Applicant's Name: \_\_\_\_\_

Are you a current member of AFP Rockford Chapter? \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Years in Profession: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 30 years or younger? \_\_\_ Yes \_\_\_ No

Previous Training in Fundraising: \_\_\_\_\_

*(Please specify courses, seminars, conferences attended)*

Professional Reference: \_\_\_\_\_

*(Other than present employer)*

Reference Phone Number: \_\_\_\_\_ Reference Email: \_\_\_\_\_

Please tell us how this scholarship will help you (financial need, professional development, career advancement, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*