**2019 AFP Chamberlain Scholarship**

**Amount Awarded:** up to $1500 + Registration

**Application Deadline:** October 21, 2019

**Requirements If Awarded:**

* Write a brief statement about your appreciation for the scholarship.
* Highly encouraged to be more active in an AFP GHC Committee

**Requirements Before Applying:**

* Must be a member of AFP for at least 2 years
* Applicant should have not received a prior scholarship to ICON through AFP
* You must have a written AFP Board Member Recommendation

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_**

**Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Time employed as a fund raising professional \_\_\_\_\_\_\_ years

Member of AFP (**yes/no**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been responsible for fund raising with your present employer? \_\_\_\_\_\_\_\_\_\_\_

Have you ever received a scholarship to ICON through AFP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which AFP GHC committee would you be interested in serving on? (*e.g., Ask the Experts, National Philanthropy Day, Marketing, Membership, Diversity, Youth in Philanthropy*)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to receive one of the scholarships? (<150 words; attach additional sheet)

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Name of professional reference: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Professional reference’s phone number or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application checklist:**

**\_\_** Completed application, additional essay, and professional reference

**\_\_** AFP Board Member Recommendation (additional letter required)

**\_\_** Résumé

**\_\_** Email above items to: AFP Greater Houston Chapter, admin@afphouston.org

AFP-GHC use:

\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed \_\_\_\_\_\_\_\_\_\_\_\_ Date Approved/Denied

$\_\_\_\_\_\_\_\_\_\_\_ Total Awarded \_\_\_\_\_\_\_\_\_\_\_\_ Date Check Sent \_\_\_\_\_\_\_\_\_\_ Check #

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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