



AFP Greater Houston Chapter
 2019 Awards & Scholarships
 Program
2019 Professional Development Fund

Amount Awarded: Up to \$500
Application Deadline: Rolling

Requirements Before Applying:

- Must be a member of AFP for at least 1 year

Requirements If Awarded:

- Write a brief statement about your appreciation for the scholarship

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? _____

Which AFP GHC committee are you currently 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)

Please provide information on the course or certification you hope to complete:

Name of professional reference: _____

Professional reference's phone number or email: _____

Applicant's Signature _____ **Date:** _____



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Application checklist:

- Completed application, additional essay, and professional reference
- Résumé
- Email above items to: AFP Greater Houston Chapter, admin@afphouston.org

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| AFP-GHC use: |
| _____ Date Received _____ Date Reviewed _____ Date Approved/Denied |
| \$_____ Total Awarded _____ Date Check Sent _____ Check # |
| Notes: _____ |
| _____ |
| _____ |