



# 2008 International Conference Chamberlain Scholarship Program

The Greater New York Chapter

## PERSONAL DATA

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

Are you a member of AFP? \_\_\_\_\_

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

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

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

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

Business Phone Number: ( ) \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

How long have you been responsible for fundraising with your present organization? \_\_\_\_\_ Years \_\_\_\_\_ Months

Supervisor's Signature: \_\_\_\_\_  
*(or signature of an Executive Committee member on your organization's board)*

Supervisor's Phone Number: ( ) \_\_\_\_\_

## BACKGROUND INFORMATION

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

Previous Training in Fundraising: \_\_\_\_\_  
*(Please specify courses, seminars, conferences attended)*

Professional Reference: \_\_\_\_\_  
*(Other than present employer)*

Reference's Phone Number: ( ) \_\_\_\_\_

*I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended an NSFRE/AFP International Conference on Fundraising and understand that only one individual from my local organization can be selected.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a statement (no more than one page) explaining why you should receive the scholarship and how you and your organization will benefit from attending the conference.**

AFP—Greater New York Chapter, 211 West 56th Street, #7J, New York, NY 10019

Phone: 212/582-8565 ♦ Fax: 212/582-8492

E-mail: [membership@nvcafp.org](mailto:membership@nvcafp.org) ♦ Website: [www.nvcafp.org](http://www.nvcafp.org)