



**AFP Chapter Support Membership Scholarship Application
Complimentary 1-Year Membership**

Thank you for your interest in applying for the AFP Greater Atlanta Chapter Membership Scholarship!

Please complete the application form in its entirety.

Personal Information

1. Full Name:

- First Name: _____
- Last Name: _____

2. Email Address:

- _____

3. Phone Number:

- _____

4. Date of Birth:

- _____ (MM/DD/YYYY)

5. Mailing Address:

- Street Address: _____
- City: _____
- State/Province: _____
- ZIP/Postal Code: _____
- Country: _____

6. Membership Type applicable ([list of membership categories](#)):

- Professional
 - Associate
 - Small NPO
 - Young Professional
-



Demographic Information

6. Gender (Optional):

- Male
- Female
- Non-binary
- Prefer not to answer
- Other: _____

7. Ethnicity (Optional):

- Hispanic or Latino
 - White or Caucasian
 - Black or African American
 - Asian or Pacific Islander
 - Native American or Alaska Native
 - Mixed/Multiracial
 - Prefer not to answer
 - Other: _____
-

Educational and Employment Information

9. Current Education Level:

- High School
- Some College
- Bachelor's Degree
- Graduate Degree
- Other: _____

10. Are you currently enrolled in school or pursuing any formal education?

- Yes
- No



11. Current Employment Status:

- Employed Full-time
- Employed Part-time
- Unemployed
- Student
- Self-employed
- Other: _____

12. How many years of Fundraising or Development experience do you have?

- 0
- 1-9
- 10-19
- 20+

13. Has your company ever paid any professional membership dues on your behalf?

- Yes
- No

Membership Need & Financial Information

12. Please provide a brief explanation of why you believe you would benefit from a 1-year membership with AFP and how you would contribute to AFP's mission and vision.

(150 words max.)

- _____

13. Describe any financial challenges or obstacles you are currently facing that would prevent you from paying for a membership.

(150 words or less.)

- _____



- _____
- _____

Additional Information

17. How did you hear about this scholarship?

- Social Media
- Website
- Referral (Friend, Family, etc.)
- Email Newsletter
- Other: _____

18. Have you ever received any other scholarships or financial assistance for memberships from the AFP Greater Atlanta Chapter?

- Yes
- No
- If yes, please describe: _____

19. Please provide any additional information that you think would help us understand your need for this scholarship.

- (Optional)
- _____
- _____

Agreement

By submitting this application, I confirm that the information provided is accurate and true to the best of my knowledge. I understand that this scholarship is based on availability, eligibility, and financial need, and there is no guarantee of receiving the membership.

- I agree to the terms and conditions.

Signature (Type your full name): _____

Date: _____