



**North Carolina Triad Chapter**

**NC Philanthropy Conference 2017 Scholarship Application**

AFP Membership #: \_\_\_\_\_

Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

(N/A if self-employed)

**Narrative**

Please answer the following questions on a separate page if not completing online.

1. Will this be your first NC Philanthropy Conference?
2. Describe how you expect attending the conference will benefit your fundraising position?
3. How long have you worked in fundraising?
4. How have you been involved with the Triad chapter of AFP? Please include committee and volunteer work.
5. Can you or your organization afford all or some of the costs, including travel, for you to attend the conference?
6. In what other ways does your organization, or you, support your education/professional growth?

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(N/A if self-employed)

Return completed form electronically to: [afptriad@gmail.com](mailto:afptriad@gmail.com)

Or printed, to: Scholarships, AFP NC Triad Chapter, PO Box 5328, High Point, NC 27262