



**2017 AFP & Susquehanna Valley Council of Charitable Gift Planners
Capital Conference Scholarship Program
Application Deadline: 09/15/17**

Personal Data

Applicant's Name _____

Job Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Home Phone Number _____

Email Address _____ Website URL _____

Supervisor's Signature _____
(or signature of an Executive Committee member on your organization's board)

Phone Number _____

Background Information

Years in the Profession _____

Previous Training in Fundraising _____
(Please specify courses, seminars, conferences attended)

Professional Reference _____
(Other than present employer)

Phone _____ Email _____

I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer.

(Applicant's Signature)

(Date)

Additional Information

Why do you want to attend this year's AFP Capital Conference?

What specific learning goals do you have for attending the AFP Capital Conference?

Have you had the opportunity to attend the AFP Capital Conference in the past?

Please indicate the size of your organization's professional development budget and/or its ability to pay for you to attend conferences and trainings.