



Scholarships and Grants 2017

AFP Manitoba **Guidelines and Descriptions of Scholarships and Grants** available at:
Afpmanitoba.afpnet.org

Grant Period - Fall (Deadline: September 30, 2017)

Personal Information:

1. Applicant full name:

2. Are you a member of AFP Manitoba in good standing?
Yes
No

3. How long have you been a fundraiser?

4. Job title:

5. Employer:

6. Complete Mailing Address:

7. Work Phone Number:

8. Alternate Phone Number:

9. Email address:

10. Your organization's mission:

11. How long have you worked for this organization as a fundraiser?

12. Have you previously received an AFP Manitoba Educational Grant?
Yes
No

13. If yes, when did you receive the grant?

Example: December 15, 2015

14. What was the grant used for?

15. Did you complete the program applied for?

Yes

No

16. Did you submit the required post course report?

Yes

No

Grant & Scholarship Selection

Please refer to the [AFP Manitoba](#) website. You may apply for more than one. AFP Manitoba Education Grants may be awarded in conjunction with other grants.

17. **Linda Lindsay Scholarship for Professional Development** (Value: \$500).

Yes, I am applying for the Linda Lindsay Scholarship

Yes, less than \$1 million dollars in the fiscal year previous to this application

18. **Susan Storey Scholarship for Professional Development** (Value \$500)

Yes, I am applying for the Susan Storey Scholarship

19. **AFP Manitoba Education Grants** (Value: \$1,000 may be divided among multiple applicants).

Yes, I am applying for an AFP Educational Grant

20. Amount of Education Grant requested: \$

Educational Opportunity Information:

21. Host organization:

22. Date(s):

23. Program description:

24. Previous related education and experience:

25. How does this educational opportunity fit into your professional development plan? How will this opportunity benefit you, your career, and your organization? Include your rationale for selecting this specific educational opportunity over other courses or opportunities.

26. **Educational Opportunity Budget:** Include all confirmed and applied for funding (employer and personal commitments, other funding sources) and all relevant expenses.

Employer:

Personal:

Other:

Specify:

Expenses: (List)

Confirmation

27. **By checking the line, I confirm:**

I will adhere to the requirements, including refunding the Chapter if I am unable to utilize the funds for their approved purpose. *

I agree to the above

Other comments: (Approx. 75 words)