



## 2020 FALL IDEA SCHOLARSHIP APPLICATION

**Opens: Thursday, October 1, 2020**

**Deadline: Sunday, October 31, 2020**

Email completed application to:

2020 AFP IDEA Committee Co-Chair, Valerie Sipp, at

[Valerie.Sipp@gmail.com](mailto:Valerie.Sipp@gmail.com)

**Program:** The Inclusion, Diversity, Equity and Access (IDEA) Scholarship is a year-long program for fundraisers, development professionals, and non-profit professionals from underrepresented communities, including people of color, LGBTQIA+ individuals, and persons with disabilities. Scholarship recipients will have opportunities to network, meet leaders in the fundraising and philanthropic sector, and participate in leadership opportunities while they build fundraising capacity and increase mission impact.

The scholarship will provide participants with full access to all the benefits of AFP Southern Arizona membership, including:

- A 1-year active membership to the AFP Southern Arizona Chapter
- Four vouchers for any of the AFP monthly breakfasts
- The ability to participate in the Mentorship program as either a mentor or mentee
- Participation in one or more of the AFP committees
- Quarterly check-ins with fellow IDEA Scholarship recipients and IDEA committee members

**Eligibility:** The IDEA Scholarship seeks to identify and engage diverse voices. Individuals from underrepresented communities, including people of color, LGBTQIA+ individuals, persons with disabilities. This scholarship round is for new members and existing or returning members whose organization can no longer afford to pay annual membership dues.

Name \_\_\_\_\_

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

Agency: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Submit answers to any of the below questions as a separate document in PDF format if you need more space.**

Are you a current or previous AFP member?      YES  NO

If yes, please indicate why your organization cannot pay to renew/restart your membership?

\_\_\_\_\_

Have you received an AFP scholarship before?      YES  NO

If yes, please indicate what scholarship(s) and when:

\_\_\_\_\_

What is your experience in fundraising?

\_\_\_\_\_

\_\_\_\_\_

What is your experience in nonprofit work?

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What communities do you consider yourself a part of?

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Share how you believe you would benefit from the IDEA Scholarship.

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Is there anything else about yourself that you would like to share?

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Please explain any challenges that would exclude you from participating in any of the additional benefits listed on the first page (ex. child care, no car, inflexible work schedule, etc).

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

Date: \_\_\_\_\_