



# AFP Michiana Chapter Membership Grant Program Application Form

The AFP Michiana Chapter gratefully acknowledges the generosity of  
**Build St. Joseph County**, whose underwriting has made this program possible.

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## Section I: Applicant Information

Applicant's Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

1. How long have you been with your current organization?
2. How long have you been in the fundraising profession?
3. Please provide a brief statement about the nature of your fundraising responsibilities including tasks you routinely perform and the amount of time you spend on development activities:  
*(additional page may be added)*
4. Please list those fundraising topics in which you would like more education (direct mail, special events, corporate/foundation giving, etc.):

5. Please discuss how this program will enhance your professional and personal skills and impact your short and long-term personal goals. *(additional page may be added)*
  
6. Please discuss how this program will impact your organization's ability to build capacity and the steps you will take to implement development activities. *(additional page may be added)*

## **Section II: Organizational Information**

1. Your organization's mission statement:
  
2. Your organization's budget for the current operating year: \_\_\_\_\_
3. Year organization was founded: \_\_\_\_\_

## **Section III: Statement of Support from Organization's Leader**

I fully endorse the application of \_\_\_\_\_ (applicant's name) to participate in Association of Fundraising Professionals (AFP) Michiana Chapter's Membership Grant Program, understanding that this is a fundraising education program designed to enhance my organization's capacity in this area. I understand that the above-named will need to be available to participate in monthly programs or meetings throughout the 12-month membership period and to participate in events as described in the "Benefits of Participation" section of this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name *(please print)* \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_