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**Karen M. Gaffney Scholarship**

**Deadline for application: Thursday, January 31st, 2019 at noon.**

**NO DEADLINE EXTENSIONS!**

*Karen M. Gaffney, CFRE* was arespected colleague and 2012 Clinger Award recipient. She was a strong supporter of AFP Genesee Valley Chapter, serving on the board of directors as treasurer and secretary at the time of heruntimely passing in 2013. She was passionate about fund raising, professional development and mentoring fellow development professionals through AFP.

In recognition of her significant contributions and service to the profession and the organization, the scholarship program was named in her honor by the AFPGV Board of Directors.

The purpose of the Karen M. Gaffney Scholarship is to promote and enhance the professional development of fund raising professionals and encourage involvement and membership in the Genesee Valley Chapter of AFP.

The Chapter will consider applications from fundraising professionals who meet the following criteria:

* Candidate is employed by a non-profit organization operating within the greater Rochester area served by the AFP Genesee Valley Chapter.
* Candidate is primarily responsible for fundraising within the nonprofit organization for which he/she is employed.
* Demonstrate a financial need. Strong consideration will be given to individuals employed by organizations whose budgets are constrained.
* Willingness to serve on one AFPGV Committee during the awarded year.

**Benefits of scholarship program are valid for ONE year and include the following:**

1. 75% of a one year membership to AFP (Two scholarships will be awarded):

**Young Professional *(persons 30 years old or younger*) $95 (total, includes chapter dues)**

 **$71 (covered by scholarship)**

 **$24 (contributed by recipient)**

**Professional $320 (includes chapter dues)**

 **$240 (covered by scholarship)**

 **$80 (contributed by recipient)**

1. Admission to a maximum of **4 AFPGV programs** throughout 2019. *(Does not include AFP local or international conference.)*

**Karen M. Gaffney Scholarship Application**

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

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

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

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

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

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years fundraising with current organization: \_\_\_\_\_\_ Years \_\_\_\_\_Months

Annual agency operating budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization paying your expenses? Yes No

For which membership category are you applying? (Check one)

\_\_\_\_\_Professional \_\_\_\_\_Young Professional (*persons 30 years old or younger*)

Scholarship recipients are required to serve on at least one AFPGV Committee. Please indicate which committee(s) you would like to serve on:

Education Membership

National Philanthropy Day Awards Luncheon Communications

Diversity Regional Conference

Resource Development



**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Along with this completed Application Form, candidate must submit a substantive narrative (limit one to two pages, letter form) explaining why the candidate is applying for this scholarship. In the narrative, please describe:

• Financial need

• How the scholarship will benefit you and your organization

• If Executive Director, please describe percentage of time spent in fundraising

• Previous/current involvement or participation with AFP

• Previous training in fundraising

• Any prior scholarships received from AFP (include dates)

• Other volunteer experience in the community

**Questions, Completed Applications and Attachments to:** Sami Sheehan, Individual Giving Manager, Lollypop Farm, the Humane Society of Greater Rochester, 99 Victor Road, Fairport, NY 14450; Phone: 585-223-1330 x195;

Cell: 585-368-8110. If emailing application please send to **ssheehan@lollypop.org** AND **info@afpgv.org**