

**SUZANNE FOLEY YOUTH IN PHILANTHROPY SCHOLARSHIP APPLICATION**

The Association of Fundraising Professionals (AFP) represents more than 30,000 members in 200 chapters throughout the world, working to advance philanthropy through advocacy, research, education and certification programs. The association fosters development and growth of fundraising professionals and promotes high ethical standards in the fundraising profession.

National Philanthropy Day is a celebration of philanthropy - giving, volunteering and charitable engagement - that highlights the accomplishments, large and small, that philanthropy, and all those involved in the philanthropic process, makes to our society and our world.

The AFP’s Palm Beach County Chapter is pleased to announce its scholarship dedicated to Youth in Philanthropy. This will be awarded to a worthy student who has demonstrated a commitment to improving their community through volunteerism, service, and/or promoting innovative approaches in philanthropy.

To be eligible, a student must have completed his/her junior year in high school, be a permanent resident of Florida and reside in Palm Beach County. The student must have a minimum of a 3.0 GPA to qualify.

This form is to be returned with your application packet and should be placed on top of your application. Be sure to review all items thoroughly before submitting your application. **The application packet must be received by the AFP no later than September 30, 2020 and include the following:**

1. Completed Application Form (must be signed by applicant and parent/guardian)
2. Two Letters of Recommendation
3. Essay Topic – “Please describe your contributions in improving the community through volunteerism, service, and/or promoting innovative approaches in philanthropy, and how this experience is shaping your career and college choice.” (200 words or less)

THE ABOVE ITEMS MUST BE SUBMITTED IN ONE ENVELOPE OR EMAILED AS A PDF TO KRIS@SOAFI.ORG.

The APPLICATION FORM CAN BE TYPED IN ACROBAT READER. IF HAND WRITTEN, IT MUST BE LEGIBLE.

**Please note: incomplete or unsigned packets will be disqualified.** If you have any questions or concerns, please call Kris Lidinsky at 561-802-6023 or 561-644-4996.

**EMAIL PDF TO** **KRIS@SOAFI.ORG**

**OR MAIL ENTRIES TO:**

**AFPPBC Scholarship Committee**

**PO BOX 18279**

**West Palm Beach, FL 33416**

**SUZANNE FOLEY YOUTH IN PHILANTHROPY SCHOLARSHIP APPLICATION**

Scholarship Fact Sheet

Our purpose is to encourage young people who work to better their community through giving back to pursue a college education. This award will be paid as described below, and the student must submit current transcript and payment request to the AFPPBC to receive scholarship payment. The Association of Fundraising Professionals Palm Beach County chapter will award the following scholarship to a qualified applicant selected by the Scholarship Committee. The Committee has the right to amend scholarship amounts as it deems necessary. **The scholarship will be paid directly to an accredited institution of higher education approved by the Scholarship Committee on behalf of the recipient.**

|  |  |  |
| --- | --- | --- |
| Amount ofScholarship | Number Awarded | Terms of Scholarship Award |
| $ 3,000 | 1 | Paid in full the first year. Must be used within the 5-year period from the date of theaward. No renewal. |

**ELIGIBILITY**

* Applicant must have completed his/her junior year in high school, be a permanent resident of Florida, and reside in Palm Beach County
* Applicant must have a minimum of a 3.0 GPA

**CRITERIA FOR REVIEWING APPLICATIONS**

* The applicant will be selected based on their involvement in community service, volunteerism, and philanthropy.
* An essay is required in response to the following question: “Please describe your contributions in improving the community through volunteerism, service, and/or promoting innovative approaches in philanthropy, and how this experience is shaping your career and college choice.” (200 words or less)
* The selection committee will review two letters of recommendation submitted the applicant.
* Applicants with prior engagement with a 501(c)3 organization will be reviewed favorably.
* The selection committee may require a personal interview with the applicant prior to award.

**EXPECTATIONS FOR AWARDEE**

* Attendance at the National Philanthropy Day Luncheon on Thursday, November 12, 2020 to receive award.
* Attendance at an AFP Luncheon after award in person or virtually
* A hand-written thank-you note to the Scholarship Committee upon receipt of the award.
* A brief article written for AFP on how the Youth in Philanthropy Award has made a difference in the awardee’s first year of college education. *It is the intention of AFP to remain in touch with the awardee throughout their first year of college.*

**SUZANNE FOLEY YOUTH IN PHILANTHROPY SCHOLARSHIP APPLICATION**

Name: Home Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street City

 Cell Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Zip Code County

Presently Employed: Yes No If yes, where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Father/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from the applicant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is a family member a board member of the Association of Fundraising Professionals? If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School you now attend: Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City / State / Zip Code

What is your major career objective?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College(s) to which you have applied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you applied for admission? Yes No\_\_

If not, when will you apply? Have you been accepted? Yes No\_\_

What do you plan to do after graduating from college?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List volunteer and community service activities (last four years):

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List innovative approaches in philanthropy (if applicable, last four years):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the Association of Fundraising Professionals, Palm Beach County, to obtain my school records for publishing and distribution to the Scholarship Committee only. I have read and understand the facts attached to this application. I hereby certify that all statements I have made herein are true and correct.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date Signature of Parent/Guardian Date