

Virginia Association of Fundraising Executives

Dues Scholarships

VAFRE Mission:

VAFRE is a regional organization that advances the talents of our members, fostering an effective, sustainable fundraising community.

Scholarship Committee Mission:

To advance philanthropy by providing financial assistance to fundraising professionals seeking to improve their professional skills

Scholarship Guidelines:

Scholarship funding is available to cover part of the costs of the annual Active Individual Membership dues. Individuals must submit the scholarship application and \$25, and are eligible for a \$100 scholarship for the first year. If the individual would like to continue the scholarship the next year, he/she must re-apply and is eligible for \$50 off the full membership cost of \$125. As long as the individual is with the same organization, he/she may not apply for another (third) year. If the individual moves to another organization, he/she may re-apply. The scholarships are awarded on a rolling basis.

Scholarship applications will be submitted to the VAFRE Administrator, and will be awarded by the Membership Committee.

**Virginia Association of Fundraising Executives
Request for Scholarship**

VAFRE is pleased to offer scholarships to help offset the costs of the annual Active Individual Membership dues based on need. Applicants must be staff members or elected board members of non-profit [501(c) 3] organizations located in Virginia. Preference is given to applicants who are newer to fundraising or at smaller organizations or those with limited professional development budgets. The scholarships are awarded on a rolling basis.

Applicant Name: _____	
Title: _____	
Organization: _____	
Address: _____	
City, State Zip: _____	
Telephone: _____	Fax: _____ Email: _____
Is Organization an IRS approved 501(c) 3 organization? Y or N	
Budget Available for Professional Development: \$ _____	
How many people make up your Development staff? _____	
Years in professional fundraising: _____	Years at current organization: _____
Current VAFRE member? Y or N	
Have you ever been a member of VAFRE? Y or N If so, when? _____	
Brief Explanation for Request: Please attach a brief paragraph stating why VAFRE membership is important for your professional development, and why you or your organization is unable to pay for the membership.	
I submit this application and agree if I am selected as a recipient, I hereby give my permission to VAFRE to use my name, picture, narrative and the fact I was awarded a scholarship for promotional purposes.	

Signature of Applicant Date

Name and Signature of Supervisor Title of Supervisor

For VAFRE Use <input type="checkbox"/> Awarded <input type="checkbox"/> Not Awarded Date:
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Please return to:
VAFRE,
attention Mary Kidd,
T/F: (804) 368-3398,
admin@vafre.org