

**Association of Fund Raising Professionals
Michiana Chapter
Professional Development Leadership Program**

STUDENT APPLICATION

Personal Data

Name _____ Date _____

School Attending _____ Credit Hrs. Achieved _____

Home Address _____ Declared Major or area of study _____
City _____ State _____ Zip _____

School Address _____ City _____
State _____ Zip _____ Cell Phone # _____
Email Address _____ Home Phone # _____

Education History

High School _____ City _____
State _____ Zip _____ Date Graduated _____

Employment History

Last Employer Name _____ Address _____
City _____ State _____ Zip _____ Supervisor _____

Other Employment:

Name _____ Date _____
Name _____ Date _____

Community Involvement (volunteer)

Organization _____ Role _____
Organization _____ Role _____

Why are you interested in participating in the AFP Professional Development Leadership Program?

How did you learn about this program? _____

A current copy of applicant's transcript and a letter of recommendation from a school instructor or advisor must accompany this application.

Do you agree to abide by the requirements of this program and to participate for at least a minimum of 120 hours within the next 12 months? Yes _____ No _____ (please check one)

Student signature _____ Date _____

Submit application online to afpmichiana@michiana.org, or mail to AFP Michiana Chapter PDLP, P.O. Box 63, South Bend, IN 46624