



SCHOLARSHIP APPLICATION

www.adoonline.org

Scholarship Objectives

- To enhance the educational development and training of fundraising professionals
- To provide a direct benefit to members of the Association of Development Officers (ADO)

When considered scholarship awards, we factor in the size of organization's operating and development budget, staff size, and the number of people served by the organization. Applications will remain confidential.

Application Date		
Name		
Organization Name		
Address		
City	State	Zip
Email	Cell Phone	
Current Position <i>(if applicable)</i>		Length of Time Fundraising:
Member of the Association of Development Officers?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Organization Director <i>(if applicable)</i>		
Immediate Supervisor <i>(if applicable)</i>		
Course Title		
Training Date(s)		
Training Location		
Sponsored By		
Brief Description		

Please answer the following items with a short paragraph:

1. Brief work history starting with the most current position (include dates, organizations and positions).

2. Describe your professional/community involvement.

3. How will this course enhance your professional development?

4. What will you accomplish as a result of your attendance in this course?

Please attach the following items:

1. Letter of recommendation from immediate supervisor (*if applicable*).
2. Proof of enrollment or acceptance in the course.

Training Cost:		
	Tuition/Registration Fee	\$
	Travel	\$
	Lodging/needs	\$
	Materials	\$
	Other Explain	\$
AMOUNT REQUESTED		\$ _____
	Other scholarship funds applied	\$
	Allocation from Organization Budget	\$
	Personal contribution to training	\$
Have you received an ADO scholarship in the past?		
Date Awarded		
Amount Awarded		
Purpose for the Award		

Return application via email or mail to:

Association of Development Officers
Attn: Scholarship Chair
333 Mamaroneck Avenue, #221
White Plains, NY 10605
info@ADOonline.org

Deadlines for Submission

- December 1
- March 1
- June 1
- September 1

for Training in:

1st Qtr. (Jan., Feb., March)
2nd Qtr. (April, May, June)
3rd Qtr. (July, Aug., Sept.)
4th Qtr. (Oct., Nov., Dec.)

Should I fail to complete the course for which the scholarship was awarded, I agree to return all scholarship monies I have received from the Association of Development Officers. Upon completion please send a summary of your experience via email to: info@ADOonline.org.

_____	_____	_____
Print Name	Date	Signature

ADO Internal Use Only: Date Received: _____ Date Reviewed: _____
