



Loan Application for Nonprofit Professional Development Programs

Name of Organization _____

Address _____

Contact person _____ Phone _____

Email _____ Fax _____

Does your organization employ a member of the Brandywine Chapter, Association of Fundraising Professionals? Name(s) _____

Organization's annual budget _____

Amount in annual budget for training _____

Dollar amount requested: _____

Training program for which funds will be used: _____

Dates and location of training: _____

Cost of the training: _____ Travel _____

Other costs (Please be specific) _____

Who will attend (Name and Position)?

How will this training be capacity building? What specific needs do you plan to address? Who will benefit? You may use one additional page if necessary.

Executive Director (or comparable position) _____

Application deadlines, April 15, September 15, January 15

Please fax or mail applications to: Brandywine Chapter AFP, 100 W. 10th Street, Suite 106,
Wilmington, DE 19801, fax: (302) 778-1597