



Adventist Philanthropy

Application for PSI's 2018 Conference Scholarships

Please supply the following information:

Name: _____ Email: _____

Title: _____ Institution _____

Street Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

Check highest level of education:

- | | | |
|-----------------|-----------------|-------------------|
| High school | Some College | Bachelor's Degree |
| Master's Degree | Doctoral Degree | Law Degree |

Number of employees in your department:

Title of person to whom you report:

Total length of service in institutional advancement:

Current professional area:

Length of service in your current professional area:

Either your institution or you must be prepared to fund additional travel expenses if you are awarded this scholarship. Please ask your supervisor to complete part A of this form, or, if that is not feasible, complete part B yourself.

- A. Supervisor's Endorsement: I support this application and my institution is ready to fund the applicant's additional travel expenses if a scholarship is awarded.

Name: _____

Title: _____

Signature: _____

- B. Applicant's Statement: "I doubt my institution will cover my additional travel and on-site expenses, but I will cover these costs as an investment in my own professional development.

Signature: _____

What professional conferences/workshops have you attended in the past two years? (List name, sponsoring organization, length of the program and whether you or your institution funded the expenses).

Conference/workshop name: _____

Sponsoring organization: _____

Length of program: _____

Did your institution fund the expenses? Yes No

Conference/workshop name: _____

Sponsoring organization: _____

Length of program: _____

Did your institution fund the expenses? Yes No

Conference/workshop name: _____

Sponsoring organization: _____

Length of program: _____

Did your institution fund the expenses? Yes No

Conference/workshop name: _____

Sponsoring organization: _____

Length of program: _____

Did your institution fund the expenses? Yes No

Conference/workshop name: _____

Sponsoring organization: _____

Length of program: _____

Did your institution fund the expenses? Yes No

Conference/workshop name: _____

Sponsoring organization: _____

Length of program: _____

Did your institution fund the expenses? Yes No

List all professional organizations of which you are a member. Note how membership fees are paid—personally or by institution.

Please describe in 250 words or less:

a. What value do you personally see in attending the PSI Conference?

b. What value will it have on your institution if you attend the PSI Conference?

c. What circumstances exist for your need to apply for a scholarship?

Please attach an up-to-date resume and email to LilyaWagner@nadadventist.org,
or mail to:

Dr. Lilya Wagner, CFRE
Philanthropic Service for Institutions
9705 Patuxent Woods Drive
Columbia, MD 21046-1565