

Model for Academy Philanthropy (MAP 2.0) Application

FUNDED OPTION

Name of Academy _____

Address. _____

General Phone and e-mail _____

Institution Website. _____

Person submitting request

Title of Requestion _____

Phone and e-mail _____

Principal's Name _____

Time in current position _____

Fundraising experience: Yes___ No___ Role or activity _____

Fundraiser's Name _____

Fundraising experience: Yes___ No___ Role or activity _____

Board chair and time in current position _____

Fundraising experience: Yes___ No___ Role or activity _____

Conference President's Name _____

Superintendent's Name: _____

Year school established _____

Grades _____

Fundraising software currently in use _____

Alumni Database: Yes___ No___ Number of Records

Dollars Raised (past two years): FY 2021 \$_____ FY 2022 \$_____

Number of Donors in (past two years): FY 2021 _____ FY 2022 \$_____

Reason for applying for MAP 2.0 Program:

Application documents to be included:

- ___ Completed application with signatures
- ___ Operating budget with actuals for current YTD and previous school year
- ___ School strategic plan or most recent school evaluation/assessment
- ___ Development/Fundraising plan
- ___ Board list including name of member, position on board, occupation, length of service
- ___ Donation File (5 to 10 years) including only: Donor ID, Gift Date, Gift Amount

Donor File Note:

1. Include one row per gift made (1 transaction per row).
2. Include each Donor ID, Gift Date, Gift Amount in separate columns.
3. Include all years in the same Excel spreadsheet (NOT separate workbooks).
4. Contact RandFox@nadAdventist.org for clarification on needed Donor File.

Signatures:

Principal _____

Date _____

Board Chair _____

Date _____

Please e-mail application to:

Michael J. Brown, PSI Director MichaelBrown@nadAdventist.org

Lisa Rasmussen, *Administrative Assistant* LisaRasmussen@nadAdventist.org