



Pittsburgh Planned Giving Council
2016-2017 Scholarship Application

Section I. Applicant Information

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: : _____

Type of scholarship requested: (circle) Chapter Membership EPC NCPP

How long have you been with your current organization: _____

Indicate years of career fundraising experience: _____

Have you ever attended a PPGC event in the past? _____ YES _____ NO

_____ Bimonthly Luncheon Program

_____ Emerging Philanthropy Conference

When? _____

Section II. Organizational Information

Organization's mission statement:

Year organization was founded or established: _____

Organization's approximate most recent annual budget:

- | | |
|---|--|
| <input type="checkbox"/> Less than \$500,00 | <input type="checkbox"/> \$5.1M to \$10M |
| <input type="checkbox"/> \$500,000 to \$1M | <input type="checkbox"/> \$10M+ |
| <input type="checkbox"/> \$1.1M to \$5M | |

For nonprofits: amount raised in 2016 (fiscal/calendar) (audited/unaudited) in contributed revenue was \$_____.

Section III. Additional Questions

In no more than a few sentences, address the following questions:

- Why are you requesting a scholarship?
- How do you anticipate taking what you learn at PPGC and specifically using it to serve your organization, its constituents or others?

Section IV. Statement of Support from Organization’s Leadership

To be considered, the following statement must be signed by a member of your organization’s leadership team (such as Executive Director, President or Board Chair).

I fully endorse this application to participate in the Pittsburgh Planned Giving Council Scholarship Program, understanding that this is a fundraising educational program designed to enhance my organization’s capacity in this area. I understand that the above-named will need to be available to attend bi-monthly luncheon programs, the Emerging Philanthropy Conference or National Conference as requested in this application.

Signed: _____

Name (printed): _____

Title (printed): _____

Organization (printed): _____

For self-employed allied professionals, the following statement must be signed.

I understand that this is a fundraising educational program of the Pittsburgh Planned Giving Council and understand that I will need to be available to attend bi-monthly luncheon programs and/or the annual Emerging Philanthropy Conference.

Signed: _____

Name (printed): _____

Please return completed application to:
Pittsburgh Planned Giving Council
PO Box 9729
Pittsburgh, PA 15229