



AFP - Greater Philadelphia Chapter (AFP-GPC)
IDEA Fellowship Program Application
Guidelines and General Information

Statement of Support from Organization's Leadership:

(this must be signed by the organization's Executive Director, President, or Board Chair)

I fully endorse the application of _____ (applicant's name) to participate in the AFP-Greater Philadelphia Chapter IDEA Fellowship Program in 2024, understanding that this is a fundraising education program designed to enhance my organization's capacity in this area.

I understand that the above-named employee will need to be available to attend monthly programs or meetings in order to participate in events as described in the "Benefits of Participation" section of this application.

Signed:	Date:
Name (please print:	
Title:	Organization: