

The Association of Development Officers (ADO) is a nonprofit organization dedicated to the advancement of fundraising and philanthropy in the Hudson Valley Region. ADO achieves this through raising public awareness and interest in philanthropy and charitable giving; promoting high ethical fundraising standards; and providing educational opportunities for those involved or interested in the field of fundraising.

Scholarship Objectives

- To enhance the educational development and training of fundraising professionals.
- To provide a direct benefit to members of the Association of Development Officers (ADO).
- To encourage the development of professionalism.

Applicant Eligibility

- Must either live or work in Westchester, Putnam, Rockland or Dutchess County.
- Must have knowledge of fundraising concepts and practices.
- Must be affiliated with a non-profit organization as an employee, board member, or volunteer.
- Must be a current member of the ADO.

Training that is Eligible for Scholarship

- Paid Internships in a non-profit fundraising setting
- Other courses in fundraising, philanthropy, or non-profit work to further your education, including conferences, seminars, workshops, online training, etc.
- ADO conferences and training sessions
- SUNY Purchase classes affiliated with ADO

Criteria for Selecting Recipients

- Appropriate course content
- Demonstrated financial need
- Demonstrated commitment to the profession
- Priority given to full-time professional

Additional factors that will be considered when awarding scholarships include, but are not limited to: size of organization's operating budget, size of development budget, staff size and the number of people served by the organization.

A Scholarship Selection Committee (composed of 5 ADO members) will make an impartial determination of scholarship winners. Both the application process and the award will remain confidential.

Application Date		
Name	Home Phone	
Home Address		
City	State	Zip
Email	Cell Phone	
Organization Name	Work Phone	
Address		
City	State	Zip
Current Position <i>(if applicable)</i>	Length of Time Fundraising	
Member of the Association of Development Officers?	___ YES ___ NO	
Organization Director <i>(if applicable)</i>		
Immediate Supervisor <i>(if applicable)</i>		
Course Title		
Training Date(s)		
Training Location		
Sponsored By		
Brief Description		

Please answer the following items with a short paragraph:

1. List work history starting with the most current position (include dates, organizations and positions).

2. Describe any professional/community involvement.

3. How will this course enhance your professional development?

4. What will you accomplish as a result of your attendance in this course?

5. What are your career goals?

6. List prior training opportunities and dates you have participated in.

7. Why do you need the scholarship?

Please attach the following items:

1. Letter of recommendation from immediate supervisor *(if applicable)*.
2. Proof of enrollment or acceptance in the course.

Training Cost:

Tuition/Registration Fee	\$
Travel	\$
Lodging/needs	\$
Materials	\$
Other Explain	\$
AMOUNT REQUESTED	\$_____

Other scholarship funds applied	\$
Allocation from Organization Budget	\$
Personal contribution to training	\$

Have you received an ADO scholarship in the past?

Date Awarded _____

Amount Awarded _____

Purpose for the Award _____

Return application via email or mail to: Mr. Brian Skanes Boys & Girls Club of Northern Westchester 351 Main Street Mt. Kisco NY 10549 bgcnwskane@aol.com Fax: (914) 666-9166	Deadlines for Submission <ul style="list-style-type: none"> ▪ March 1 ▪ June 1 ▪ September 1 ▪ December 1 	Scholarship for Training in: 2nd Qtr. (April, May, June) 3rd Qtr. (July, Aug., Sept.) 4th Qtr. (Oct., Nov., Dec.) 1st Qtr. (Jan., Feb., March)
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Should I fail to complete the course for which the scholarship was awarded, I agree to return all scholarship monies I have received from the Association of Development Officers. Upon completion please send a thank you and photo via email to: Paula Barbag at pbarbag@gmail.com.

Print Name _____ Date _____ Signature _____

ADO Scholarship
Application

ADO Internal Use Only:
Date Received: _____
Date Reviewed: _____