

EPIP PROFESSIONAL DEVELOPMENT FUND

LEADERSHIP LEARNING AND NETWORKING OPPORTUNITIES
FOR EMERGING PHILANTHROPY PROFESSIONALS OF COLOR

APPLICATION FORM

* Indicates Mandatory Information

*First Name:	*Last Name:
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*Organization:

*Title:	*Phone:
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*Email:

*Organization address:

*City:	*State:	*ZIP Code:
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IMPORTANT NOTE: Participation in The Professional Development Fund (PDF) is a benefit of EPIP membership. This application is limited to support the leadership of people of color within EPIP. You may apply for membership while applying to the Fund. For more information, see the Eligibility Requirements in the attached materials.	*EPIP MEMBERSHIP STATUS: <input type="checkbox"/> Current Paid Member for 2006 <input type="checkbox"/> Need to Renew Dues for 2006 <input type="checkbox"/> Check Attached <input type="checkbox"/> Please Send Invoice <input type="checkbox"/> Membership Form Submitted: <input type="checkbox"/> Web Form Sent <input type="checkbox"/> Check Submitted <input type="checkbox"/> Please Send Invoice	*RACE OR ETHNICITY: *GENDER:
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INFORMATION ON THE PROFESSIONAL DEVELOPMENT EVENT YOU WISH TO ATTEND:

*Event Title:

*Location:

*Dates:

Please attach completed event registration form. If web-based, print copy and attach.

*What is the total request being made: \$

Please break down your request by the following categories (Note: max. available per person is \$1,500)

Registration Fee: \$	Travel: \$	Hotel: \$
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Indicate likely 3rd party providers for payment:
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*Event Sponsor:	Airline:	Hotel:
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APPLICATION MATERIALS

Application Check List:	I heard about PDF from:
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<input type="checkbox"/> Applicant Letter	<input type="checkbox"/> Event Registration Form	<input type="checkbox"/> EPIP Email
<input type="checkbox"/> Employer Letter of Support	<input type="checkbox"/> Employer Match Secured OR	<input type="checkbox"/> Colleague or friend
<input type="checkbox"/> Resume	<input type="checkbox"/> No Employer Match Available	<input type="checkbox"/> Other: _____

SIGNATURE

I am committed to attending the conference or training listed above. If I am the recipient of Professional Development Fund funds and I do not attend, I understand that I am responsible for refunding the payments that EPIP made to third party providers on my behalf. Furthermore, I am committed to attend the EPIP Professional Development Fund convening at a date and location to be determined.

Applicant Signature:	Date:
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