



MAHONING/SHENANGO CHAPTER
P.O. Box 672 ■ Youngstown, OH 44501

**Application for
2017 AFP Scholarship Grant**

Name _____ AFP Member since _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Agency _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Continuing Education Event: _____

Date(s): _____ Location: _____

Describe the event and your purpose in attending:

Itemized Costs:

Amount for which you are making application: \$ _____

Check to be issued to: _____ (specify agency or self)

Signature _____ Date _____

Please complete and return to:

Shellie Duchek
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Youngstown, Ohio 44502
330-746-7641 / Shellie@potentialdevelopment.org