

Consolidated Association of Prides Inc. (CAPI)

2008 Annual General Meeting (AGM) Scholarship Application and Guidelines

Overview:

The object of these guidelines is to allow the **CAPI** Scholarship Committee grant funds based on the needs of **active, new and potential** member organizations.

General Scholarship Information and Criteria:

1. Scholarships will be offered in two areas of need.
 - A. Travel
 - B. Accommodations

Please note that CAPI may grant monies for one **or** both **areas** depending on the requirements of the applicant(s).

CAPI **will not pay** for AGM conference fees. This is the obligation of the member(s) attending the AGM conference or their pride committee organization.

2. The scholarship application deadline will be 11/30/2007. A determination will be made by 12/15/2007. Applications received after the 11/30/2007 will be considered only after all other request have been processed.
3. New or active CAPI member organizations will have priority for scholarship. A maximum of **two** individuals per organization will be eligible for scholarship . One application **per** individual will be required. Non-active and potential members will be considered only if funds are available.
4. Financial statements of the applicant's organization for the most recent fiscal year **must** accompany all applications. **It is not sufficient to state that your organization has no budget.**

Please return this form, together with a letter of endorsement for the applicant(s) from the President or Chair of your pride committee on official letterhead to the address below. Please include copies of the organization's most recent budget and financial statements. It is preferred that applications be submitted by email, with follow-up mailing of the documentation. You may also scan and email your signed documents.

By Email: vpkat@capride.com and vpcarl@capride.com. Remember, original copies of signed endorsement letters and organizational financial documentation must be sent by mail to the address below. You may also scan and email your signed documents.

By Mail: VPs' CAPI
c/o Flagstaff Pride
P.O. Box 1604
Flagstaff, AZ 86002

By Fax: (928) 255-4667

This form and all supporting documents must be received by November 30, 2007. Applications received after November 30th may not be considered. The scholarship committee will consider the forms received and advise all applicants of decisions regarding the application by December 16th.

Section 1: Scholarship type being applied for (please check all that apply)

_____ Travel Expense _____ Accommodations

Section 2: Organizational Information

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number: _____ Fax: _____ Email _____

Website: _____

Section 3: Information about the individual selected to represent this organization

Name (First, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Section 4: Declarations, Personal

I confirm that I have answered the questions on this form to the best of my knowledge and belief. I confirm that I am applying for a scholarship to attend the CAPI Annual Conference solely as a representative of a CAPI member or member-elect organization, and not on my own behalf.

Name (printed): _____

Signature: _____

Title: _____

Date: _____

Section 5: Declarations, Organizational

I confirm that our organization is a member of, or has applied for membership in CAPI. I confirm that the above-signed individual is an active member of the organization described, has the authority to represent our organization at the CAPI conference. On behalf of my organization, I support this application for a scholarship to attend the CAPI conference.

Name (printed): _____

Signature: _____

Title: _____

Date: _____