



Consolidated Association of Pride, Inc.  
Arizona, California, Hawaii, Nevada, New Mexico, Utah, Texas, & Mexico  
[www.capriderg.org](http://www.capriderg.org)

## 2017 Annual General Meeting (AGM) Scholarship Application

This form and all supporting documents must be received by **11:59pm 1/06/2017**. Applications received after this time may not be considered.

In addition to this application the following documents are required:

- Confirmation of paid 2017 CAPI Membership dues (dues sent to CAPI Treasurer)
- A copy of the organizations Letter of Determination for 501(c)3 Not-For-Profit status
- Financial statements and budget of the organization for the most recent fiscal year
- Letter of endorsement for applicants from the organization (Co)President or (Co)Chair on official letterhead

<b>SECTION 1: ORGANIZATIONAL INFORMATION</b>		
<u>Organization Name:</u>		
<u>Street Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Telephone:</u>	<u>Fax:</u>	<u>Email Address:</u>

<b>SECTION 2: INDIVIDUAL INFORMATION</b>		
<u>First (1<sup>st</sup>) Applicant Name:</u>		
<u>Street Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Telephone:</u>	<u>Fax:</u>	<u>Email Address:</u>
<u>Organizational Title:</u>		
<u>Second (2<sup>nd</sup>) Applicant Name:</u>		
<u>Street Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Telephone:</u>	<u>Fax:</u>	<u>Email Address:</u>
<u>Organizational Title:</u>		



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<b>SECTION 3: FINANCIAL ASSISTANCE REQUEST</b>		
<b><u>First (1<sup>st</sup>) Applicant requests assistance with:</u></b>		
TRAVEL: Yes <input type="checkbox"/> No <input type="checkbox"/>		
ACCOMODATIONS: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b><u>First (1<sup>st</sup>) Applicant Estimated Total Cost:</u></b>		
TRAVEL: \$	ACCOMODATIONS: \$	TOTAL: \$
<b><u>First (1<sup>st</sup>) Applicant Requested Financial Assistance:</u></b>		
TRAVEL: \$	ACCOMODATIONS: \$	TOTAL: \$
<b><u>Second (2<sup>nd</sup>) Applicant requests assistance with:</u></b>		
TRAVEL: Yes <input type="checkbox"/> No <input type="checkbox"/>		
ACCOMODATIONS: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b><u>Second (2<sup>nd</sup>) Applicant Estimated Total Cost:</u></b>		
TRAVEL: \$	ACCOMODATIONS: \$	TOTAL: \$
<b><u>Second (2<sup>nd</sup>) Applicant Requested Financial Assistance:</u></b>		
TRAVEL: \$	ACCOMODATIONS: \$	TOTAL: \$



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**SECTION 4: Personal Declaration**

First (1<sup>st</sup>) Applicant: 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 General Meeting solely as a representative of a CAPI member committee, and not on my own behalf.

Printed Name:	Signature:
Title:	Date:

Second (2<sup>nd</sup>) Applicant: 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 General Meeting solely as a representative of a CAPI member committee, and not on my own behalf.

Printed Name:	Signature:
Title:	Date:

**SECTION 5: Organizational Declaration**

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, and has the authority to represent our organization at the CAPI Annual General Meeting. On behalf of my organization, I support this application for a scholarship to attend CAPI's Annual General Meeting.

Printed Name:	Signature:
Title:	Date: