



Consolidated Association of Pride, Inc.
Arizona, California, Hawaii, Nevada, New Mexico, Utah, Texas, & Mexico
www.capriderg.org

2018 Annual General Meeting (AGM) Scholarship Application

This form and all supporting documents must be received by **11:59pm 12/10/2017**. Applications received after 11:59pm 12/10/2017 may not be considered.

In addition to this application you must submit/participate to qualify for full reimbursement:

- 2018 CAPI Membership Application (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
- Letter as to what you expect to get out of the CAPI AGM
- Attend each Plenary session, the welcome reception, gala and a full schedule of workshops at your choosing at the CAPI AGM. Failure to demonstrate attendance may affect the outcome of scholarship award.

SECTION 1: ORGANIZATIONAL INFORMATION		
<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>

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



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SECTION 4: Personal Declaration

First (1st) 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 (2nd) 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.

Check the heart  if you are OK with being introduced as a scholarship recipient during the CAPI welcome reception and plenary. This is an opportunity for other members to learn about you and it helps CAPI raise funds for future scholarships.

Printed Name:	Signature:
Title:	Date: