



**COLORADO ACTIVITY PROFESSIONALS' ASSOCIATION  
EDUCATIONAL GRANT APPLICATION**

It is understood that the grant is for assistance in attending any educational workshops and conferences within the NCCAP, APNCC or ATRA topic areas.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Facility Name/Company: \_\_\_\_\_

How long at this facility/with this company? \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ E-mail \_\_\_\_\_

CAPA member-how long? \_\_\_\_\_ Chapter \_\_\_\_\_

Are you certified? \_\_\_\_\_ With whom? \_\_\_\_\_

How long in the profession? \_\_\_\_\_

Are you a member of NAAP? \_\_\_\_\_ how long? \_\_\_\_\_

Would you be willing to join NAAP? \_\_\_\_\_

How much are you requesting? \$ \_\_\_\_\_

Date the funds are needed? [At least 60 days from application] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Brief description of extent of activity involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your plans for the future? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Statement of need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attachments:**

Letter of aspiration (include your philosophy)

Letter of reference from a co-worker or supervisor

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4920 Herndon Circle, Colorado Springs, CO 80920

Updated:

2/2003

5/2015

8/2021



## EDUCATIONAL GRANT

**POLICY:** There shall be an annual Education Grant made available to a CAPA member to assist financially the individual for any educational opportunity as long as it is within the NCCAP, APNCC or ATRA topic area

The CAPA State Executive Board (SEB) shall determine the total amount available annually.

### PROCEDURES:

Applications shall be available upon request of an SEB member or website.

The SEB must receive applications at least 60 days prior to the start of the first day of class.

The SEB shall review the applications and make the decision on the appropriate person to receive the funds.

The SEB shall determine disbursement and availability of funds.

### CRITERIA:

- 1). Applicants must be actively\* involved in the Activity Profession.
- 2). Each application must be accompanied by a letter of aspiration to include their philosophy about the importance of activities.
- 3). A letter of reference from a co-worker or supervisor stating support of the individual attending the course.
- 4). The applicant must provide a statement of need.
- 5). The applicant must be willing to join NAAP if not a member already.
- 6). Recipients shall be responsible for writing a summary of their experience for publication on the CAPA website.

\*Active involvement = attendance at chapter meetings; offices held and/or committee work. Applicants must have been members in CAPA for at least two years. \*\* New members [under 2 years] may submit an application, but a 300-word essay on the importance of activities must accompany the application.

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4920 Herndon Circle, Colorado Springs, CO 80920

Updated:

2/2003

5/2015

8/2021

**COLORADO ACTIVITY PROFESSIONALS' ASSOCIATION  
PHYLLIS FOSTER EDUCATION SCHOLARSHIP APPLICATION**

It is understood that the scholarship is for assistance in attending (in person or online/home study) the Basic/Advanced Activity Professionals' Training Courses or MEPAP (Modular Education Program for Activity Professionals).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Facility Name/Company: \_\_\_\_\_

How long at this facility/with this company? \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ E-mail \_\_\_\_\_

CAPA member-how long? \_\_\_\_\_ Chapter \_\_\_\_\_

Are you certified? \_\_\_\_\_ With whom? \_\_\_\_\_

How long in the profession? \_\_\_\_\_

Are you a member of NAAP? \_\_\_\_\_ how long? \_\_\_\_\_

Would you be willing to join NAAP? \_\_\_\_\_

How much are you requesting? \$ \_\_\_\_\_

Date the funds are needed? [At least 60 days from application] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Brief description of extent of activity involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your plans for the future? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Statement of need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attachments:**

Letter of aspiration (include your philosophy)

Letter of reference from a co-worker or supervisor

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4920 Herndon Circle, Colorado Springs, CO 80920

Updated:  
2/2003  
5/2015



## PHYLLIS FOSTER EDUCATION SCHOLARSHIP

**POLICY:** There shall be an annual Education Scholarship made available to an Activity Professional to financially assist the individual in attending the MEPAP (Modular Education Program for Activity Professionals). The CAPA State Executive Board (SEB) shall determine the total amount available annually.

### PROCEDURES:

Applications shall be available upon request of an SEB member or website.

The SEB must receive applications at least 60 days prior to the start of the first day of class.

The SEB shall review the applications and make the decision on the appropriate person to receive the funds.

The SEB shall determine disbursement and availability of funds.

### CRITERIA:

- 1). Applicants must be actively\* involved in the Activity Profession.
- 2). Each application must be accompanied by a letter of aspiration to include their philosophy about the importance of activities.
- 3). A letter of reference from a co-worker or supervisor stating support of the individual attending the course.
- 4). The applicant must provide a statement of need.
- 5). The applicant must be willing to join NAAP if not a member already.
- 6). Recipients shall be responsible for writing a summary of their experience for publication on the CAPA website.

\*Active involvement = attendance at chapter meetings; offices held and/or committee work. Applicants must have been members in CAPA for at least two years. \*\* New members [under 2 years] may submit an application, but a 300-word essay on the importance of activities must accompany the application.

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4920 Herndon Circle, Colorado Springs, CO 80920

Updated:

2/2003

5/2015



## MARIAN SMITH EDUCATION SCHOLARSHIP

**POLICY:** There shall be an annual Education Scholarship made available to an Activity Professional to financially assist the individual in attending Colorado Activity Professionals' Association [CAPA] and National Association of Activity Professional [NAAP] workshops and conferences.

The CAPA State Executive Board (SEB) shall determine the total amount available annually.

### PROCEDURES:

Applications shall be available upon request of an SEB member or website.

The SEB must receive applications at least 60 days prior to the start of the first day of class.

The SEB shall review the applications and make the decision on the appropriate person to receive the funds.

The SEB shall determine disbursement and availability of funds.

### CRITERIA:

- 1). Applicants must be actively\* involved in the Activity Profession.
- 2). Each application must be accompanied by a letter of aspiration to include their philosophy about the importance of activities.
- 3). A letter of reference from a co-worker or supervisor stating support of the individual attending the course.
- 4). The applicant must provide a statement of need.
- 5). The applicant must be willing to join NAAP if not a member already.
- 6). Recipients shall be responsible for writing a summary of their experience for publication on the CAPA website.

\*Active involvement = attendance at chapter meetings; offices held and/or committee work. Applicants must have been members in CAPA for at least two years. \*\* New members [under 2 years] may submit an application, but a 300-word essay on the importance of activities must accompany the application.

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4920 Herndon Circle, Colorado Springs, CO 80920

Updated:

2/2003

5/2015

**COLORADO ACTIVITY PROFESSIONALS' ASSOCIATION  
MARIAN SMITH EDUCATION SCHOLARSHIP APPLICATION**

It is understood that the scholarship is for assistance in attending CAPA and NAAP workshops and conferences.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Facility Name/Company: \_\_\_\_\_

How long at this facility/with this company? \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ E-mail \_\_\_\_\_

CAPA member-how long? \_\_\_\_\_ Chapter \_\_\_\_\_

Are you certified? \_\_\_\_\_ With whom? \_\_\_\_\_

How long in the profession? \_\_\_\_\_

Are you a member of NAAP? \_\_\_\_\_ how long? \_\_\_\_\_

Would you be willing to join NAAP? \_\_\_\_\_

How much are you requesting? \$ \_\_\_\_\_

Date the funds are needed? [At least 60 days from application] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Brief description of extent of activity involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your plans for the future? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Statement of need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attachments:**

Letter of aspiration (include your philosophy)

Letter of reference from a co-worker or supervisor

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4920 Herndon Circle, Colorado Springs, CO 80920

Updated:  
2/2003  
5/2015

**COLORADO ACTIVITY PROFESSIONALS' ASSOCIATION**  
**ERNESTINE GARCIA SCHOLARSHIP APPLICATION**

It is understood that the scholarship is for assistance in attending the CAPA NAP Day workshop.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Facility Name/Company: \_\_\_\_\_

How long at this facility/with this company? \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ E-mail \_\_\_\_\_

CAPA member-how long? \_\_\_\_\_ Chapter \_\_\_\_\_

Are you certified? \_\_\_\_\_ With whom? \_\_\_\_\_

How long in the profession? \_\_\_\_\_

Are you a member of NAAP? \_\_\_\_\_ for how long? \_\_\_\_\_

Would you be willing to join NAAP? \_\_\_\_\_

The date of the NAP Day event you wish to attend [At least 45 days from application]

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

Brief description of extent of activity involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your plans for the future? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Statement of need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attachments:

Letter of aspiration (include your philosophy)

Letter of reference from a co-worker or supervisor

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4902 Herndon Circle, Colorado Springs, CO 80920

Ernestine Garcia  
Scholarship

## ERNESTINE GARCIA NAP DAY SCHOLARSHIP

**POLICY:** There shall be an annual Education Scholarship made available to an Activity Professional to financially assist the individual in attending the Colorado Activity Professionals Association NAP Day workshop. The CAPA State Executive Board (SEB) shall determine the total amount available annually.

### PROCEDURES:

Applications shall be available upon request of an SEB member or on the website.

The SEB must receive applications at least 45 days prior to the date of the annual NAP Day event.

The SEB shall review the application and make the decision for the appropriate person to receive the funds.

The SEB shall determine disbursement and availability of funds.

### CRITERIA:

1. The applicant has actively been a CAPA member for at least one year and the scholarship should never exceed \$60 per winner.
2. Applicants must be actively\* involved in the Activity Profession.
3. Each application must be accompanied by a letter of aspiration to include their philosophy about the importance of activities.
4. A letter of reference from a co-worker or supervisor stating support of the individual attending the workshop.
5. The applicant must provide a statement of need.
6. Recipients shall be responsible for writing a summary of their experience for publication on the CAPA website.

\*Active involvement = attendance at chapter meetings; offices held and/or committee work. Applicants must have been members in CAPA for at least one year.

Mail completed application to:

CAPA Treasurer, Ginger Clark, 4902 Herndon Circle, Colorado Springs, CO 80920

Created:

2/2020

Revised:

12/2020

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