

**CAPPO – San Diego Chapter  
SCHOLARSHIP APPLICATION**

Name of Applicant \_\_\_\_\_ Job Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (include area code) \_\_\_\_\_ FAX # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

CAPPO Membership Expiration Date \_\_\_\_\_ Number of years a CAPPO member \_\_\_\_\_

Have you previously applied for a scholarship? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Did you receive a scholarship? No \_\_\_\_\_ Yes \_\_\_\_\_

Date of Request \_\_\_\_\_ Amount of Scholarship requesting (Cost) \_\_\_\_\_

Type of Scholarship Request:

- Annual CAPPO Conference       APP/CPM Review Courses (circle module number – 1 2 3 4 )  
 CAPPO Sponsored Seminars       Other \_\_\_\_\_

**Statement of Need:**

- Agency will not/can not pay for Applicant to attend the above requested event.  
 Agency will only pay \$ \_\_\_\_\_  
 Other \_\_\_\_\_

I attest the above reasons for Scholarship needs are true and correct.

Applicant's Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORITY APPROVAL		
CAPPO Authority	Signature	Date

**FOR CAPPO TREASURER USE ONLY**

Check issued (date) \_\_\_\_\_ Check # \_\_\_\_\_

Notes/Comments: