

**COLORADO CIVIL AIR PATROL FOUNDATION**  
6855 South Havana St., Suite 630, Centennial, CO 80112  
**CAPF Individual Application**

Instructions: (1) This application may be completed online or in paper form. If on paper, it must be typed or printed legibly. (2) Either form of application must be filled out by the applicant and accompanied by all relevant documentation by attachment. (3) The application must be **received** at the Foundation online or in paper form at the address above **on or BEFORE 11 February at 5:00 p.m. Denver time** to be considered. Email applications will not be considered. (4) You **MUST** reside in Colorado and be a member of a Colorado Wing unit to be eligible! (5) This form is to be used only for “Individual” award applications.

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ CAPID: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unit Name: \_\_\_\_\_ RMR CO \_\_\_\_\_

Confirmation: Name, Rank, and Email Address of Unit Commander or Other Confirming Officer:

\_\_\_\_\_ Email: \_\_\_\_\_

Identifying the Confirming Officer means that this officer verifies eligibility and suitability of the applicant for a Foundation Grant

**NOTE:** Foundation grants vary in availability and dollar amounts from year to year. Refer to the Foundation website [coloradocapfoundation.org](http://coloradocapfoundation.org) for additional information.

List, in your order of preference, up to three CAP events or other activities that you want to participate in this year either virtually or in person.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Applications must include documentation explaining MERIT and NEED, amount of funding requested, and reasons your application should be approved. Where appropriate, include information on your BACKGROUND and QUALIFICATIONS clearly relevant to the activity for which you are requesting a grant.

For cadets, your documentation **MUST** include a description of your CAP and school activities and a statement of financial need where applicable.

\_\_\_\_\_  
Applicant Signature and Date

- ❖ Individual awards will be made on or before 30 April. If there are questions, contact the Foundation at [ColoradoCAPFoundation@gmail.com](mailto:ColoradoCAPFoundation@gmail.com) on or before **11 February**.
- ❖ All recipients must cash grant checks and provide the Foundation with brief documentation of appropriate use of the grant such as receipts, photos, completion certificate, or narrative of use by **30 September**. Failure to comply will make recipient ineligible for future Foundation awards

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Release.

By signing, I \_\_\_\_\_, as an adult 18 years of age or older, or as the Parent/Legal Guardian of \_\_\_\_\_, hereby agree and grant permission for the Colorado Civil Air Patrol Foundation to use comments, quotes, images, likenesses, or photographs of the grant recipient for any lawful purpose, including brochures, illustrations, marketing, or for web content to promote the Foundation and its services.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

PLEASE NOTE: This Release must accompany the above application for the application to be considered.

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