

WILLIAM VOIGT, CAPP SCHOLARSHIP APPLICATION FORM

The following CAPP Scholarship Application Form is submitted to the CAPP Certification Board for the following scholarship applicant. All parts of this form must be completed and the application signed.

Name:	
Title:	
Company:	
Address:	
City, State/Province, Zip/Postal Code:	
Phone:	
Email:	

<p><u>SCHOLARSHIP GUIDELINES:</u></p> <ul style="list-style-type: none"> ❖ Applications for scholarships will be reviewed by the CAPP Certification Board with a final determination and notification to the applicant within 30 days of submission. ❖ Anyone seeking professional development points who are intending to take the CAPP exam or recertifying is eligible for scholarship funds. ❖ Scholarship funds will have a \$2,500 lifetime limit per requester. ❖ CAPPs applying for scholarship assistance toward certification or recertification must currently have accumulated a minimum of six (6) points. ❖ Scholarship funds are available to offset the following: registration fees, travel and lodging expenses. ❖ Scholarship applications must be in six weeks prior to the educational event to enable the CAPP Certification Board to render a decision. 	<ul style="list-style-type: none"> ❖ All deliberations of the CAPP Certification Board shall be confidential. ❖ Scholarship award criteria includes the degree to which the professional development plan identified in this application aligns with the CAPP content areas, progress toward CAPP certification or recertification, and documentation of financial need. <p>Completed applications and all necessary information should be submitted to:</p> <p style="text-align: center;"><i>capp@parking-mobility.org</i></p> <p>If you should have any questions regarding the application or the application process, please contact the CAPP Certification Dept. at 571.699.3011 or <i>capp@parking-mobility.org</i>.</p>
---	---

PLEASE COMPLETE ALL PAGES OF THIS FORM

WILLIAM VOIGT, CAPP SCHOLARSHIP APPLICATION FORM

Page Two

Your Name / Name of Applicant:	
If recertifying: number of points you have accumulated to-date towards recertification:	
Please attach your in-progress CAPP Recertification Record Keeping Form found in the CAPP Recertification Guidelines or found online at parking-mobility.org/capp or by clicking here .	
Please explain why scholarship funds are necessary. Use additional sheets if necessary.	
Explain how scholarship funds will be used. Please choose all of those which you would like to be considered for by choosing the applicable box for hotel, registration fees, and/or airfare/travel below:	
Training Site:	
Dates:	
<input type="checkbox"/> Hotel/Lodging	\$
<input type="checkbox"/> Registration Fees	\$
<input type="checkbox"/> Airfare/Travel	\$
Total amount of scholarship funds being requested in this application:	\$
Have you applied to your organization for the funds requested above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please explain why:	
Amount your organization has agreed to provide:	\$
Please explain the action taken on your request and by whom in your organization:	

Whether you are requesting funds for professional development to satisfy the CAPP application requirements, or recertifying, complete the chart on page 3. Indicate the name of the sessions/classes you are requesting funds for and which of the seven content areas of the CAPP Exam Content Outline the content satisfies in the columns below and the location of the class. For reference, please refer to the CAPP Candidate Handbook pages 9–13 which can be found [here](#). The first line includes an example.

WILLIAM VOIGT, CAPP SCHOLARSHIP APPLICATION FORM

Page Three

Name of Session/Class	Content Area/Domain of CAPP Exam Outline	Location of Session/Class
Finance	Content Area/Domain II: General Management: B. Manages revenue sources, cash flow and allocation of resources.	Las Vegas, NV

We hereby certify that our employee, _____, is requesting funds to take the professional development class and has the intention to apply to take the IPMI CAPP exam.

_____ Employer's Signature	_____ Date
_____ Employer's Printed Name	_____ Employer's Title

I do hereby attest that the information submitted in and with this application is true and correct to the best of my knowledge. I agree to abide by the provisions of IPMI in regards to the use of any scholarship funds I may receive.

I, _____, plan to apply to take the CAPP exam by _____.
 (Applicant's Name) (test date)

_____ Applicant's Signature	_____ Date
--------------------------------	---------------

