

## 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.

### PROCEEDURES:

Applications shall be available upon request of an SEB member or 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 on the appropriate person or persons to receive the scholarship(s).

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 should never exceed the NAP Day registration fee amount 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 course.
5. The applicant must provide a statement of need.
6. The applicant must be willing to join NAAP if not a member already.
7. 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**

**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? \_\_\_\_\_

The date of the NAP Day event you wish to attend [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

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