



AIR FORCE ASSOCIATION CAP Aerospace Educator Grant Application



DIRECTIONS: Please type or print the following information:

TEACHER/SCHOOL INFORMATION			
1	AEM # _____		
Last Name	First Name	Middle Initial	E-mail Address
School Name			Telephone Number
School Address	City	State	Zip Code
THE PURPOSE OR OBJECTIVE OF THE GRANT			
2	The grant money will be used to support:		Topic(s) that will be addressed:
<input type="checkbox"/> Science	<input type="checkbox"/> Engineering	<input type="checkbox"/> Technology	<input type="checkbox"/> Aviation <input type="checkbox"/> Space
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Other: Specify _____		<input type="checkbox"/> Rockets <input type="checkbox"/> Other: Specify _____
SPECIFIC DETAILS			
3	How will the grant money help promote aerospace education in your classroom?		
OTHER INFORMATION			
4	Requested Funds (may receive up to \$250.00)	Grade level:	Number of students who will benefit from the grant:
If the funds will be used to visit an outside organization, please list the name, address, telephone number, and contact person of the organization. (This only applies if you use the funds outside of the school, for example, to support a field trip to a museum, airport, Air Force Base, etc.)			
Contact Person		Telephone Number	
Street Address	City	State	Zip Code
VERIFICATION			
Signature of Principal		Printed Name of Principal	
Signature of Educator		Date	
MAIL OR FAX DOCUMENTS TO:			
HQ CAP/ED 105 South Hansell Street/ Building 714 Maxwell Air Force Base, Alabama 36112-6332 Application for: <input type="checkbox"/> Fall - Due 30 September <input type="checkbox"/> Spring - Due 31 March		QUESTIONS? Telephone: 1-888-211-1812, ext. 415 Fax: 334-953-6891 E-mail: jmontgomery@cap.gov	