

**ROCKY MOUNTAIN REGION CAP
SPC RYAN N. KETTELL, USA MEMORIAL
SCHOLARSHIP APPLICATION**

NAME:	CAPID:
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CAP RANK:	PHONE:	ADDRESS (where the reimbursement will be sent):
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DATE:	EMAIL:	CITY, STATE, ZIP:
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EVENT TYPE:

<input type="checkbox"/> Encampment	<input type="checkbox"/> National Staff College
<input type="checkbox"/> Flight Academy	<input type="checkbox"/> Other: _____

DATES OF EVENT:	TOTAL COST (Tuition, travel, etc.) :
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I understand that if selected for a RMR Kettell scholarship, the funds will only be used for encampment/event chosen and that if unable to attend it is the responsibility of the cadet, cadet parent/guardian, or member to cancel with the encampment/event officials and notify the RMR Director of Finance. Member must complete/graduate the encampment/event to be reimbursed.

MEMBER SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE
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PLEASE SELECT THE SITUATION THAT BEST DESCRIBES YOU OR YOUR FAMILY'S FINANCIAL STATUS:

Yes I/my family receives Federal Assistance (SNAP, WIC, TANF, HUD)

Yes I/my family received unemployment benefits/Social Security disability benefits in the last 12 mos

Yes My family has 2 or more cadets enrolled in CAP and we could use some financial aid

Yes I/my family has experienced some financial challenges recently

Briefly describe why you should be selected for a scholarship to attend the activity you noted above. (Use additional page if necessary)

APPROVAL SECTION

I recommend the above member for a Kettell Scholarship.

Wing Commander Approval via Sertifi attached

Submit to the RMR FM at rvest1@comcast.net

Kettell Scholarship amount not to EXCEED \$ _____.

APPROVED **NOT APPROVED** Reason for NON-approval _____

RMR Finance Committee approval/disapproval via Sertifi attached