

**ALBUQUERQUE HEIGHTS COMPOSITE SQUADRON
ENCAMPMENT/EVENT SCHOLARSHIP APPLICATION
(CADET)**

NAME:	CAPID:
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CAP RANK:	PHONE:	ADDRESS (where the reimbursement will be sent):
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ENCAMPMENT TYPE:

<input type="checkbox"/> Summer Encampment	<input type="checkbox"/> Glider Encampment
<input type="checkbox"/> Winter Encampment	<input type="checkbox"/> Other: _____

DATES OF ENCAMPMENT/EVENT:	ENCAMPMENT/EVENT TUITION COST:
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I understand that if selected for a CAP scholarship, the funds will only be for encampment/event tuition, and that if unable to attend it is the cadet or parent/guardian responsibility to cancel with the encampment/event officials and notify the squadron commander. Cadet must complete/graduate the encampment/event to be reimbursed.

_____	_____	_____	_____
CADET SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE

DEPUTY COMMANDER FOR CADETS REVIEW:

Yes No Attended 75% of regular squadron meetings (9 out of 12 meetings)

Yes No Active participant in Squadron Support Activities

Yes No Active participant in Squadron Mission Activities

Yes No Promoting at an satisfactory rate (at least 2 times per year)

Yes No Wears the uniform properly and demonstrate a positive attitude

APPROVAL SECTION

The above cadet has met the established encampment/event scholarship criteria and I recommend them for the Squadron Encampment/Event Scholarship.

_____	_____
DEPUTY COMMANDER FOR CADETS SIGNATURE	DATE

Scholarship/event funds are available, not to EXCEED \$_____.

_____	_____
SQUADRON FINANCE OFFICER SIGNATURE	DATE

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

_____	_____
SQUADRON COMMANDER SIGNATURE	DATE

