



CAPS PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Name: _____

Classification: _____

Department: _____

Work Address: _____

E-Mail: _____ Work Phone: _____

Home Address: _____

Home Phone: _____

Purpose of the grant and how it relates to current job: *(use additional sheets if necessary)*

I agree that any funds received by me will be spent for the purpose described.

Signature _____ Date _____

Mail or fax to:

CAPS GRANTS AND AWARDS
455 Capitol Mall, Suite 500
Sacramento, CA 95814
FAX: (916) 442-4182

● **Headquarters**
455 Capitol Mall, Suite 500
Sacramento, CA 95814
(916) 441-2629
FAX (916) 442-4182
Email: caps@capsscscientists.org

● **Los Angeles**
215 N. Marengo Ave., Suite 185
Pasadena, CA 91101-1528
(818) 246-0629
FAX (818) 247-2348

● **San Francisco**
100 Pine Street, Suite 750
San Francisco, CA 94111-5102
(415) 861-6343
FAX (415) 861-5360