



## 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  
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Sacramento, CA 95814  
FAX: (916) 442-4182

● **Headquarters**  
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