



APPLICATION FOR CAPP PROFESSIONAL DEVELOPMENT SCHOLARSHIP

Application for \_\_\_\_\_ Year \_\_\_\_\_
(Fall/Spring/Summer)

Name (last, first) \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ UW Oshkosh ID # \_\_\_\_\_

Home Address (street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

School where employed: \_\_\_\_\_

Are you currently approved as a CAPP Adjunct ?  Yes  No

CAPP courses you have taught or wish to teach:

\_\_\_\_\_

UW Oshkosh course for which you desire reimbursement:

Dept.: \_\_\_\_\_ Catalog No. \_\_\_\_\_ Class No. \_\_\_\_\_

Course Title: \_\_\_\_\_

What percentage of reimbursement are you seeking? \_\_\_\_\_%

- Attach a statement as to how this course will assist you in teaching CAPP courses.
• Attach a letter of recommendation from your school principal, including a statement concerning the availability or non-availability of any school or district funding for which you may be eligible to pay for the requested course. The letter should also address the likelihood of new CAPP course offerings.

Signed: \_\_\_\_\_ date: \_\_\_\_\_

Return to : Attn: CAPP Office, COLS Dean's Office N/E 101, 800 Algoma Bl., Oshkosh, WI 54901 (920) 424-3003