



AEROSPACE EDUCATION FOUNDATION CAP EDUCATOR GRANT



DIRECTIONS: Please type or print the following information:

TEACHER / SCHOOL INFORMATION			
Name	AEM membership # _____	E-mail Address	
Last	First	Middle Initial	
School Name		Telephone Number	
School Address		Fax Number	
Street	City	State	Zip Code
THE PURPOSE / OBJECTIVES OF THE GRANT			
How will the grant money be used? (Continue on separate sheet if necessary.)			
How will this help promote aerospace education in your classroom? (Continue on separate sheet if necessary.)			
Requested Funds (May receive up to \$250.00)		Grade level and number of students who will benefit from the grant	
If the funds will be used to visit an outside organization, please list the name, address, telephone number, and contact person of the organization. (This only applies if you use the funds outside of the school, for example, to support a field trip to visit a museum, airport, Air Force base, etc.)			
Contact Person		Telephone Number	
Address			
Street	City	State	Zip Code
VERIFICATION			
Signature of Principal		Printed Name of Principal	
Signature of Educator		Date	
MAIL OR FAX DOCUMENTS TO:			
HQ CAP / LMA 105 South Hansell Street / Building 714 Maxwell Air Force Base Alabama 36112-6332 Application for <input type="checkbox"/> fall - due 30 September <input type="checkbox"/> spring - due 31 March		QUESTIONS? Telephone: 334-953-7572 Fax: 334-953-4235 E-mail: jmontgomery@cap.gov	