



John H. Rippey Grant for Quality Assurance

APPLICATION

**Deadline: November 1
(application must be typed)**

Applicant Name: _____

Institution Name: _____

Institution Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

Are you a CAP Member: Yes No Amount of Funding Requested: _____

1. Title of Proposed Project: _____

2. Executive summary of proposed project: _____

If you are a CAP Junior Member, you must have APPROVAL OF YOUR PROPOSED PROGRAM BY RESIDENCY PROGRAM DIRECTOR OR DEPARTMENT CHAIR AND LABORATORY DIRECTOR. The following should be signed by the Residency Program Director.

I am aware that the applicant has applied for the Rippey Grant. I agree to authorize permission to pursue this project if a grant is awarded.

Institution: _____

Signature of Program Director: _____

Print Name: _____

Title: _____

Date: _____



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Applicants are required to complete and submit the following documentation, include your name on each item. **All documents must be typed.**

1. Completed Application Form
Word Format
PDF Format
2. Curriculum Vitae
3. A narrative description not to exceed 2,500 words
4. Detailed Budget - single sheet

There are three (3) methods to submit an application:

BY EMAIL: capfdn@cap.org
Subject: Rippey Grant Award

BY FAX: Julia Rankenburg
Program Manager
CAP Foundation
Fax Number: 847-832-8931

BY US MAIL: CAP Foundation
John H. Rippey Grant Award
325 Waukegan Road
Northfield, IL 60093

Questions? For more information about this grant please call 800-323-4040, ext. 7931.