

**2020 TEEN DEFENSIVE DRIVING PROGRAM AWARD  
APPLICATION**

*Please submit your completed application by  
Friday, April 10, 2020 by 5:00 pm  
PO Box 7057 Gunnison, CO 81230, or  
525 North Main Street*

Name \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_

School Attending \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

***Applicant: Please answer the following questions in the space provided,  
in ink and in your own legible handwriting.***

1. Do you hold (check one):

A valid Colorado Drivers Learning permit \_\_\_\_\_ or a valid Colorado Provisional Driving Permit \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

2. How long have you been driving? (Not just cars, but farm machinery, or anything that has wheels and a motor to make it go!) Please be specific. (Max 50 words)

3. How much formal driver training have you had? Please explain briefly. (Max 50 words)

4. Give specific examples of how you will benefit from the defensive driving experience if you are the award recipient. (Max 100 words)

5. Give specific examples of how your community will benefit if you receive this award. Please go beyond telling us that there will be one more safe driver on the roads. (Max 100 words)

6. What does responsible driving mean to you? Please be specific. (Max 100 words)

If I am the recipient of this award, I agree to complete the Teen Defensive Driving Program through MasterDrive in Colorado Springs within five months of the date the award is presented. I will send a thank you letter through the Community Foundation to the donors and a quotable thank you letter to the Community Foundation. I will submit a .jpg photo (at least 1 MB) to the Foundation and agree to be quoted in the papers and in Community Foundation materials.

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Signature of Applicant

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Date

I support my child's application for this award and understand the award will cover the cost of the program plus a partial allowance for either lodging costs in Colorado Springs or travel reimbursement. I will be responsible for having my child complete the program within five months of the date the award is presented. I understand that I am also responsible for providing the vehicle to be used in my child's instruction. I give permission for a press release to be provided to local papers announcing the award and when the course is completed. I will ensure my child submits a .jpg photo (at least 1 MB) to be used in press releases and Community Foundation materials. I understand that my child will acknowledge the award with a thank you letter to the donors telling them what they learned and a thank you letter to the Community Foundation that can be quoted.

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Signature of Parent or Guardian

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Date