



2010 TEEN DEFENSIVE DRIVING PROGRAM AWARD APPLICATION

*Please complete this application and return to Community Foundation of the Gunnison Valley by
Monday, April 19, 2010
Box 7057 Gunnison CO 81230, or
805 West Tomichi
(corner of 11th and Tomichi – entrance on 11th)*

Name _____

Birth Date _____, 19____

Parent(s) or Guardian(s) _____

Address: _____

City and Zip _____ Home Phone _____

School Attending _____

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

1. How much formal driver training have you had? Please explain briefly.

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:

3. How will you benefit from the defensive driving experience if you are the award recipient?

4. How will your community benefit if you receive this award?

6. Do you hold a valid Colorado Drivers Learning permit? _____ or a valid Colorado Provisional Driving Permit? _____ Permit Number: _____

When was it issued? _____

7. What does responsible driving mean to you?

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.

Signature of Applicant

Date

I support my child's application for this award, understand the award will cover the cost of the program plus an allowance for lodging costs in Colorado Springs for two nights, and agree that my child will complete the program within five months of the date the award is presented. I understand that I am responsible for providing the vehicle to be used in my child's instruction. I also give permission for a press release to be provided to local papers when the course is completed and will include a photo upon request.

Signature of Parent or Guardian

Date