



The Cape Area Pilots Association

"To further the interest of aviation on Cape Cod"

2024 APPLICATION FOR SCHOLARSHIP FORM

NAME: _____ **DATE:** _____

PRESENT ADDRESS: _____ **PERMANENT ADDRESS:** _____

EMAIL ADDRESS _____

TELEPHONE: _____ **TELEPHONE:** _____

BIRTHDATE: _____ **DEPENDANTS:** _____

PLEASE LIST IN CHRONOLOGIC ORDER; SCHOOLS ATTENDED PAST AND PRESENT, TECHNICAL SCHOOLS, VOCATIONAL SCHOOLS, MILITARY EXPERIENCE, ANY DEGREES ATTAINED:

SCHOOL AND/OR TRAINING YOU ARE PLANNING TO ATTEND AND PLANNED DATES: Use additional paper if necessary.

CAREER OBJECTIVES: Use additional paper if necessary.

FINANCIES:

ON ADDITIONAL PAPER; LIST ANTICIPATED TUITION, ALL SCHOLARSHIPS ACHIEVED, FINANCIAL AID, SOURCES OF INCOME INCLUDING EMPLOYMENT, AND PARENTS IF APPLICABLE

SIGNATURE: _____

*** PLEASE ATTACH: A PERSONAL LETTER, TWO LETTERS OF RECOMMENDATION, AND YOUR TRANSCRIPT(S).**

*** MAIL TO; DR. JEFF BAUER, Apt. PH-A, 555 SE. 6th Ave, Delray Beach, FL. 33483**

MUST BE MAILED BY MARCH 31, 2024

