



CAPE AREA PILOTS ASSOCIATION, INC.

c/o Dr. Jeff Bauer, 36 Shaume Rd., Falmouth, MA 02556

SCHOLARSHIP APPLICATION

NAME: _____ DATE: _____

PRESENT ADDRESS:

PERMANENT ADDRESS:

EMAIL ADDRESS: _____

TELEPHONE: _____

BIRTHDATE: _____

DEPENDENTS: _____

PLEASE LIST IN CHRONOLOGICAL ORDER: *Schools attended past and present, military experience, and any degrees attained or awards received:*

SCHOOL AND/OR TRAINING YOU ARE PLANNING TO ATTEND AND PLANNED DATES:

CAREER OBJECTIVES: _____

FINANCES:

List anticipated tuition, all scholarships achieved, financial aid, all sources of income including employment and parents if applicable:

TUITION: _____

SIGNATURE: _____

PLEASE ATTACH PERSONAL LETTER, TWO LETTERS OF RECOMMENDATION, AND YOUR TRANSCRIPT.