



Cape Cod Republican Club  
Post Office Box 656  
West Hyannisport, MA 02672

www.CapeCodgop.com • Email: info@capecodgop.com

## **Cape Cod Republican Club 2025 Education Scholarship**

Criteria: Applicants should be graduating high school seniors who are college bound and have financial need. Applicants should demonstrate hard-work, integrity, personal responsibility, and leadership through community service and/or volunteerism.

Applicants need to submit:

- CCRC Education Scholarship Application 2025
- High School Transcript
- Letter of recommendation from High School
- Essay of 500-700 words answering the question, "What is your most rewarding community service experience and why?"

Amount of Award: There will be one \$1000 scholarship to be distributed to the successful applicant from Cape Cod.

Deadline: March 21, 2025 ~ Send complete application to Cape Cod Republican Club PAC, PO Box 656, West Hyannisport, MA 02672

**Name of Scholarship:** CAPE COD REPUBLICAN CLUB 2025 EDUCATIONAL SCHOLARSHIP

**HIGH SCHOOL:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Birth Date & Place:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Class Rank** \_\_\_\_ / \_\_\_\_ **SAT Total:** \_\_\_\_ /1600 **ACT Composite** \_\_\_\_ /36

**Names of colleges which have accepted you as of this date:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Have you made a commitment to a college?** \_\_\_\_\_

**If YES, which college?** \_\_\_\_\_ **Total cost:** \_\_\_\_\_

**If NO, please indicate your first three college choices:**

1<sup>st</sup> \_\_\_\_\_

**Total cost:** \$ \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

**Total cost:** \$ \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

**Total cost:** \$ \_\_\_\_\_

**What other sources of money can you count on for this school year? (Do not include loans)**

**Estimated Parental Contribution** \$ \_\_\_\_\_

**Estimated Student Contribution (your savings and earnings)** \$ \_\_\_\_\_

**Other known financial aid (grants/awards/scholarships)** \$ \_\_\_\_\_

**What is your total anticipated Financial Need?** \$ \_\_\_\_\_

**Have you filed a Financial Aid Form (Profile &/or FAFSA) with the College Scholarship Service?**

**Yes** \_\_\_\_ **No** \_\_\_\_

**Mother's Name:** \_\_\_\_\_ **(or) Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mother/Guardian's occupation:** \_\_\_\_\_ **Employed by:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **(or) Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

