



PO Box 460, CENTERVILLE 02632

## CCLA Member Scholarship

**Deadline: April 25, 2023**

*To be eligible for this scholarship you must be the son or daughter of a CCLA member in good standing and pursuing an education.*

Full Name: \_\_\_\_\_

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

Town, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

What school are you currently attending? \_\_\_\_\_

Name of college or school you plan to attend \_\_\_\_\_

What is your major? \_\_\_\_\_ GPA \_\_\_\_\_

List all school, community activities, volunteer and/or church groups activities and offices held last year.

---

---

---

## FAMILY INFORMATION

Father/Guardian (circle): \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_  
Mother/Guardian (circle): \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_  
Member Name: \_\_\_\_\_

## ADDITIONAL INFORMATION

What part-time, summer, or full-time employment have you had over the past three years?

<u>Year</u>	<u>Job</u>	<u>Amount Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REQUIREMENTS/DOCUMENTATION/INFORMATION

Include the following with this application:

- Statement of one hundred words or less on why you believe you should be given consideration as a scholarship candidate by the Cape Cod Landscape Association.
- Copy of official school transcript.

Return application to CCLA, PO Box 460, Centerville, MA 02632.

Applications will be judged on character, leadership, cooperation, seriousness of purpose and financial need.

You must be a resident of Cape Cod, South Shore, or south coast to qualify and the son or daughter of a CCLA member.

Scholarship checks will be made out to the appropriate educational facility.

**The statements in this application are true to the best of my knowledge and belief:**

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_