

CAPE CORAL COMMUNITY FOUNDATION
DR. CHARLES AND RUTH BAGLEY EDUCATION SCHOLARSHIP

GUIDELINES AND APPLICATION

Applicant's Name: _____

Address: _____

City/Zip Code: _____ Phone: (H) _____ (W) _____

Social Security Number: _____

School or College: _____

Field of Study: _____

Projected Graduation Date: _____

Current Position at Cape Coral Hospital: _____

Length of Employment at Cape Coral Hospital: _____

Approximate total educational expenses you will incur during the time for which this scholarship would apply: _____

Amount you are requesting from us: _____

For what purpose? _____

Have you applied elsewhere for financial assistance? _____

If so, please list below to whom you have applied, amount(s) requested and outcome of your request(s).

If you were contacted for an interview, what day(s) of the week and time(s) would be most convenient for you? We try to establish the most convenient time for applicants and our committee members.

THE FOLLOWING MUST BE ATTACHED:

- Essay of career goals, pertinent background information, and why assistance is desired (no longer than 500 words).
- Documentation that you are registered and have been accepted in the above referenced school or college.
- Documentation of your position and length of employment at Cape Coral Hospital as referenced above.

I certify that the material submitted by me is true and correct without important omissions of any kind whatsoever. I understand that if this scholarship is approved, falsified statements, answers or omissions shall be considered sufficient cause for termination of the scholarship.

Applicant's
Signature _____ Date: _____

Social Security # _____

APPLICATION DEADLINE: POSTMARKED ON OR BEFORE APRIL 1st

APPLICATIONS MUST BE MAILED TO THE CAPE CORAL COMMUNITY FOUNDATION.

**MAIL APPLICATIONS TO: CAPE CORAL COMMUNITY FOUNDATION
4729 VINCENNES BLVD.
CAPE CORAL, FL 33904**

QUESTIONS? CALL 542-5594