

CAPE CORAL COMMUNITY FOUNDATION  
HOLMES SCHOLARSHIP  
APPLICATION FORM

Applicant's Name: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

High School/Date of graduation: \_\_\_\_\_

Class standing: \_\_\_\_\_

College or University to be attending: \_\_\_\_\_

Accreditations of College or University: \_\_\_\_\_

Field of study: \_\_\_\_\_

Start date at College or University: \_\_\_\_\_

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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE FOLLOWING MUST BE ATTACHED:

- Biographical sketch.
- Essay.
- References.
- Photo of applicant.

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 1<sup>st</sup>**

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

**QUESTIONS? CALL 542-5594**