



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

Cape Associates, Inc. (file by)

NAME OF SCHOLARSHIP: **DAVID M. LANGHANS MEMORIAL SCHOLARSHIP**

NAME OF TOOLSHIP: **N/A**

AMOUNT OF SCHOLARSHIP: **\$1,000** ONE TIME RENEWABLE ANNUALLY
(Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **N/A**

CRITERIA:

MUST RESIDE IN A PARTICULAR TOWN? YES NO IF YES - WHERE? _____

COURSE OF STUDY or SHOP: Non-specific

ACADEMIC: Student demonstrates success to the best of their ability.

NEED: Student demonstrates financial need in order to further education or pursuit of a trade.

OTHER: For a student who has succeeded, despite circumstances of life, and is committed to the pursuit of education whether academically or in the trades.

CONTACT INFORMATION:

NAME: Katie Cole

ORGANIZATION: CAPE ASSOCIATES, INC.

ADDRESS: P.O. Box 1858

North Eastham, MA 02651

PHONE: 215-840-3801

EMAIL: Kathleen.Foy@gmail.com

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

1) Completed application (both pages)

2) Essay

3) Transcript

4) Two letters of recommendation

DEADLINE FOR APPLICATION: **March 1**

SELECTION PROCESS: CCT SELECTS RECIPIENT ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: Issuance of check to student upon receipt of first semester grades.

1ST SEMESTER GRADES 2ND SEMESTER GRADES