



C.C.A.P.T Scholarship Application for Graduating Seniors

The Chautauqua County Association for Pupil Transportation application should be submitted by May 1st. This form must be typed or neatly printed in ink by the applicant. Please complete the following questions.

Applicant Name: _____
(First) (Last)

Home Address: _____

(City) (State) (Zip Code)

Home Phone: () _____

Name of Parent, Grandparent, or Legal Guardian Employed in School Transportation:

School District: Name, Address, & Phone Number:

(School District)

(Address)

(City) (State) (Zip Code)

(Phone Number)

Name of High School Graduating From: _____

I believe that I have made a valuable contribution to the school through my active participation in the following school activities. Please be specific. (Examples: Athletic Team, Band or Orchestra, Debate Team, Language Club, etc., including what years you participated.) _____

Name of college(s)/trade school you plan on attending, following the completion of high school:

Major course of study: _____

Indicate any work experiences you have had. List place of business and job duties held.

Please explain why you feel that you are deserving of this scholarship.

I certify, to the best of my knowledge, that the above information is true and complete. I authorize the release of information necessary to verify the data on this application.

Parent, Grandparent, or Legal Guardian's Signature

Date

Applicant's Signature

Date

I certify, to the best of my knowledge, that the above information is correct in regards to the student's school activities and I recommend this student for the C.C.A.P.T. Scholarship.

Weighted Average _____

Class Standing _____

Guidance Counselor's Signature

Date

Guidance Counselor's or Faculty Members Comments: _____

Please return completed scholarship form to your Transportation Department by May 1st deadline.