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SCHOLARSHIP NOMINEE

Name _____ *Age _____
Street _____
City, State, Zip _____
Phone _____ E-mail _____

High School Attended _____
Honors/Awards _____
Extra Curricular Activities _____
(Use Reverse, if necessary)
GPA _____ SAT _____ FCAT _____

Accepted to _____ **College or University**
Semester _____ 2016 (Include Copy of Acceptance)
Funds needed date: _____

Member of CCC Student Date _____
Accepted Jesus Date _____ **Baptism** Date _____
Location _____
Witnessed _____

Member of CCC Parents Date _____

Signature Student and/or Parent or Guardian

PLEASE INCLUDE LETTER INDICATING YOUR EDUCATION OBJECTIVES

APPLICATION DEADLINE April 30, 2016