

**Marie A. Langan Scholarship**

C.A.H.C.E.O., Inc.  
888 Washington Blvd., 8<sup>th</sup> Floor  
Stamford, CT 06904

SCHOLARSHIP APPLICATION

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

**RULES: (Please read before signing application)**

1. Student must be a Connecticut resident and a child or grandchild of an active C.A.H.C.E.O. member or retired C.A.H.C.E.O. member who is in good standing carrying 12 credits or more at an accredited institution of higher learning.
2. Student must attach a copy of a college acceptance letter or for continuing students, a schedule or college transcript, which indicates he or she is a full-time student in good standing with a minimum 2.5 grade point average (GPA).
3. Your application will not be reviewed until a recommendation letter is received from a C.A.H.C.E.O. member or community leader.
4. This completed application must be received no later than May 15, 2009.

Student's Name: \_\_\_\_\_

Name of College: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please check the appropriate box on each line below:**

Student Year:  1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>

Major Field of Study: \_\_\_\_\_

Plans after graduation: \_\_\_\_\_

\_\_\_\_\_

College Activities: \_\_\_\_\_

\_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Parent's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

