

**D. DANIEL NOBILI 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: (\_\_\_\_) \_\_\_\_\_

