



Cape Cod Republican Club
Post Office Box 656
West Hyannisport, MA 02672

www.CapeCodgop.com • Email: info@capecodgop.com

Cape Cod Republican Club 2026 Education Scholarship

Criteria: Applicants should be graduating high school seniors who are college bound and have financial need. Applicants should demonstrate hard-work, integrity, personal responsibility, and leadership through community service and/or volunteerism.

Applicants need to submit:

- CCRC Education Scholarship Application 2026
- High School Transcript
- Letter of recommendation from High School
- Essay of 500-700 words answering the question, "What is your most rewarding community service experience and why?"

Amount of Award: There will be one \$1000 scholarship to be distributed to the successful applicant from Cape Cod.

Deadline: April 3, 2026 ~ Send complete application to Cape Cod Republican Club PAC, PO Box 656, West Hyannisport, MA 02672

Name of Scholarship: CAPE COD REPUBLICAN CLUB 2026 EDUCATIONAL SCHOLARSHIP

HIGH SCHOOL: _____

Student Name: _____

Home Address: _____

Cell Phone: _____ **Birth Date & Place:** _____

Email address: _____

Class Rank ____ / ____ **SAT Total:** ____ /1600 **ACT Composite** ____ /36

Names of colleges which have accepted you as of this date:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Have you made a commitment to a college? _____

If YES, which college? _____ **Total cost:** _____

If NO, please indicate your first three college choices:

1st	_____	Total cost:	\$ _____
2nd	_____	Total cost:	\$ _____
3rd	_____	Total cost:	\$ _____

What other sources of money can you count on for this school year? (Do not include loans)

Estimated Parental Contribution	\$ _____
Estimated Student Contribution (your savings and earnings)	\$ _____
Other known financial aid (grants/awards/scholarships)	\$ _____

What is your total anticipated Financial Need? \$ _____

Have you filed a Financial Aid Form (Profile &/or FAFSA) with the College Scholarship Service?

Yes _____ No _____

Mother's Name: _____ **(or) Guardian's Name:** _____

Address: _____

Mother/Guardian's occupation: _____ **Employed by:** _____

Father's Name: _____ **(or) Guardian's Name:** _____

Address: _____

Father/Guardian's occupation: _____ Employed by: _____

Total number of dependents in family (includes self and parents): _____

List family members attending college full time:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Attach a RESUME or list fully all school and community activities, honors, prizes, offices held and grade:

Grade _____

Grade _____

Grade _____

Grade _____

Grade _____

Grade _____

Grade _____

Work Experience

Job: _____	From - To: _____	Earnings: \$ _____
Job: _____	From - To: _____	Earnings: \$ _____
Job: _____	From - To: _____	Earnings: \$ _____
Job: _____	From - To: _____	Earnings: \$ _____

I affirm that the above information is correct and that I wish to be considered for a scholarship.

Date: _____ Parent/Guardian Signature: _____

Student Signature: _____

DEADLINE: April 3, 2026 Mail to CCRC PAC, PO Box 656, West Hyannisport, MA 02672

Questions, please call or text Jane Manzelli (508-965-7444) CCRC Scholarsip Committee