



COLORADO ASSOCIATION OF PUBLIC EMPLOYEES
Serving State Employees Since 1928

**Harry C. Reese CAPE Scholarship Application
For Academic Year 2008-2009**

The Harry C. Reese CAPE Scholarship is a financial award based on special skills, scholastic abilities, financial need, community service, and future employment plans. CAPE Members, whether actively employed or retired and children or grandchildren of active or retired State employees who are CAPE Members are eligible to apply.

This application must be completed by the student. The application, along with transcripts and a written statement, must be received at the Denver CAPE Office, 1720 South Bellaire Street, Suite 605, Denver, CO 80222 by May 1, 2008.

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

Applicants must meet all of the criteria in the following categories to be eligible for this educational assistance program.

- 1.) Full-time undergraduate who is a dependent child or grandchild of a full-time classified employee within the personnel system of the State of Colorado and a CAPE Member.
- 2.) Currently enrolled or accepted for study during the fall quarter/semester 2008 at an accredited two-or-four year college, university, or trade school.
- 3.) Achieved a minimum cumulative grade point average of 2.5 during your most recent three scholastic reporting periods.

Indicate in which category you claim eligibility:

Child or Grandchild of a CAPE Member

CAPE Member

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(Continued from page 1) Please complete information below:

STUDENT/APPLICANT PROFILE

- 1. Student/Applicant Name: _____
- 2. Birthdate: _____
- 3. Social Security Number: _____
- 4. Permanent Home Mailing Address: _____

- 5. Home Phone Number: _____
- 6. Email Address: _____
- 7. Graduated (Year, Name of School, and Location): _____

- 8. During the 2007-2008 School Year, I will be attending the following institution (list name and location): _____

CAPE MEMBER PROFILE

- 1. Name: _____
- 2. Relationship to Applicant: _____
- 3. Social Security Number: _____
- 4. Home Address: _____

- 5. Home Phone Number: _____ Work Phone Number: _____
- 6. State Agency or Department and work location: _____
- 7. Email Address: _____

APPLICATION CHECKLIST

In addition to this application, you (the student) must provide:

- 1.) An official transcript of your grades for the last three reporting periods at the high school, college, university, or trade school where you were last enrolled.
- 2.) A summary, of no more than 300 words, telling why you wish to receive this scholarship and addressing extracurricular activities or interests (school or non-school)

CAPE Membership requirements will be verified before the scholarship funds are awarded. Unsigned or otherwise incomplete applications, or applications without the required information, will not be returned and will be rejected by the panel of judges. If awarded a scholarship, I authorize CAPE to send a news release regarding the reward.

Applicant's Signature _____ Date _____