

capri.edu
15815 rob roy drive
oak forest, illinois 60452
708-687-3020
1938 e. lincoln hwy
new lenox, illinois 60451
815-485-3020

Legacy Tuition Scholarship Application

STUDENT: Deliver the following to Capri: 1) This Legacy Tuition Scholarship Application, and 2) An Official H.S., Home School or GED Transcript.

ALUMNI: Submit a letter of recommendation to the Scholarship Committee. Include the student's name, your relationship and a why you are recommending the student to Capri and Email to Capri at: (admissions@capri.edu) attention: Scholarship Committee.

DEADLINE: Ten (10) days prior to Orientation date by 3:00 p.m. No Exceptions.

PRINT First Name	Middle	Last Name	
Permanent address (number and street)	City	State	Zip
(Area code) Home phone number		E-mail address (if available)	
(Area code) Cell phone number		May we text you at this number:	□Yes □No
High School Attended / GED		Graduation Yea	ar or GED Date
Applying to: ☐ Oak Forest ☐ New	v Lenox		
Name of Alumni recommending you for t	he program:		
From which Capri campus did the Alumni	i graduate?		
Alumni's place of employment:		Phone:	
Please describe what your life may look li	ke after graduating	rom Capri:	
☐ I hereby certify that all information is Result in a scholarship denial or cano		inderstand that any misrepresentati	ion of the facts may
☐ I understand scholarship funds are su		a 90% GPA and attendance through	ghout the program.
Signature	Date signed		