



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **ALBERT JOHNSON MEMORIAL FUND**

NAME OF TOOLSHIP: **SCHOLARSHIP AND/OR TOOLSHIP**

AMOUNT OF SCHOLARSHIP: **\$500.00** ONE TIME ANNUALLY
2 awards (Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **\$500.00**

CRITERIA:

MUST RESIDE IN A PARTICULAR TOWN? YES NO IF YES - WHERE? _____

COURSE OF STUDY or SHOP: _____

ACADEMIC: Special Needs Students

NEED: _____

OTHER: 2 \$500 awards to be given for scholarship or toolship.

CONTACT INFORMATION:

NAME: Mrs. Diane Johnson
ORGANIZATION: Albert Johnson Memorial Fund
ADDRESS: P.O. Box 774
East Orleans, MA 02643
PHONE: 508-240-2087
EMAIL: N/A

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION
Special Educaton Dept. will nominate students and make selection.

DEADLINE FOR APPLICATION: **March 2**

SELECTION PROCESS: CCT SELECTS RECIPIENT ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: Presented at the CCT Awards Assembly.
(Mrs. Diane Johnson should be notified of Awards Night date and recipients)

1ST SEMESTER GRADES 2ND SEMESTER GRADES