



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

DONOR INFORMATION (file by)

NAME OF SCHOLARSHIP: **BLACKDESK SOLUTIONS AWARD**

OR

NAME OF TOOLSHIP:

AMOUNT OF SCHOLARSHIP: **\$100.00** ONE TIME RENEWABLE - ANNUALLY
(Based on continuing eligibility)

AMOUNT OF TOOLSHIP:

CRITERIA:

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

SHOP OR COURSE OF STUDY: Information Technologies

ACADEMICS: Pursuing further education

NEED: _____

OTHER: A student who is hard working and in financial need.

CONTACT INFORMATION:

NAME: Michael White

ORGANIZATION: BlackDesk Solutions

ADDRESS: _____

PHONE: 508-258-9571

EMAIL: mwhite@blackdesksolutions.co

WEB: _____

APPLICATION PROCESS: ORGANIZATION'S OWN APPLICATION CCT APPLICATION

DEADLINE FOR APPLICATION: **March 2**

SELECTION PROCESS: ORGANIZATION SELECTS RECIPIENT CCT SELECTS RECIPIENT
Organization will work with Cape Cod Tech to make the selection

METHOD OF DISTRIBUTION: A check will be mailed to the student's college

1ST SEMESTER GRADES 2ND SEMESTER GRADES