



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **HARRIET E. TOWLE SCHOLARSHIP**

NAME OF TOOLSHIP: **N/A**

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

AMOUNT OF TOOLSHIP: **N/A**

CRITERIA:

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

COURSE OF STUDY or SHOP: HEALTH SCIENCES

ACADEMIC: _____

NEED: _____

OTHER: A student who exemplifies a high level of skill and concern for the patient.

CONTACT INFORMATION:

NAME: Ms. Joan Bentinck-Smith
ORGANIZATION: **HARRIET E. TOWLE SCHOLARSHIP**
ADDRESS: P.O. Box 710
Cotuit, MA 02635
PHONE: 508-428-6601
EMAIL: Bing@capecod.net

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

DEADLINE FOR APPLICATION: **MARCH 2**

SELECTION PROCESS: CCT SELECTS RECIPIENT ORG SELECTS RECIPIENT
(SHE WOULD LIKE COPIES MAILED)

METHOD OF DISTRIBUTION: Check will be presented on awards night.

 1ST SEMESTER GRADES 2nd SEMESTER GRADES