



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **HARWICH CHAMBER OF COMMERCE**

NAME OF TOOLSHIP: **N/A**

AMOUNT OF SCHOLARSHIP: **\$1,000.00** ONE TIME ANNUALLY
(Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **N/A**

CRITERIA:

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

SHOP OR COURSE OF STUDY: **ANY SHOP**

ACADEMICS: _____
NEED: _____
OTHER: _____

CONTACT INFORMATION:

NAME: Mr. Jeremy Gingras
ORGANIZATION: **Harwich Chamber of Commerce**
ADDRESS: One School House Road
Harwich Port, MA 02646

PHONE: **508-430-1165**
EMAIL: jeremy@harwichcc.com

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

DEADLINE FOR APPLICATION: **March 2**

SELECTION PROCESS: CCT SELECTS RECIPIENT ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: \$500 Will be presented on Awards Night and the remaining
\$500 will be sent upon successful completion of 1st semester
and receipt of grades.
 1ST SEMESTER GRADES 2ND SEMESTER GRADES