



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **HARWICH POLICE ASSOCIATION**

NAME OF TOOLSHIP: **N/A**

AMOUNT OF SCHOLARSHIP: **VARIES** 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**

COURSE OF STUDY or SHOP: **N/A**

ACADEMIC: Considered

NEED: Considered

OTHER: _____

CONTACT INFORMATION:

NAME: Ms. Margaret Anderson, Chairperson

ORGANIZATION: **Harwich Police Association Scholarship Committee**

ADDRESS: 6 Lexington Drive

Harwich, MA 02645

PHONE: DAY: 508-428-6986 EVE: 508-432-0057

EMAIL: banderson57@comcast.net

APPLICATION PROCESS: **CCT APPLICATION** **ORGANIZATION'S OWN APPLICATION**

A paragraph summary of your academic & career goals

Transcript through January (Transcript & last report card)

Most recent SAT scores (documented)

Letter of Recommendation (counselor or teacher)

Interviews required for final candidates.

DEADLINE FOR APPLICATION: **March 2**

SELECTION PROCESS: **WE SELECT RECIPIENT** **ORG SELECTS RECIPIENT**

METHOD OF DISTRIBUTION: APPLICANTS MAY BE INTERVIEWED.

Paid directly to the student upon successful completion of first semester and submission of grades.

1ST SEMESTER GRADES **2ND SEMESTER GRADES**