



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **KIWANIS CLUB OF DENNIS-YARMOUTH**

NAME OF TOOLSHIP:

AMOUNT OF SCHOLARSHIP: **N/A** ONE TIME ANNUALLY
(Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **\$500.00**

CRITERIA:

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

SHOP OR COURSE OF STUDY: None specified.

ACADEMICS: _____

NEED: _____

OTHER: **A DESERVING STUDENT**

CONTACT INFORMATION:

NAME: **Attn: Richard Morello**
c/o KIWANIS OF LOWER CAPE COD
ORGANIZATION: **re: KIWANIS CLUB OF DENNIS-YARMOUTH**
ADDRESS: **P.O. Box 488**
Eastham, MA 02642
PHONE: **508-778-8547**
EMAIL: _____

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

Please forward applications for review with CCT Guidance Dept's recommendation.
Kiwanis of Lower Cape is handling this 2011-2012 award for Kiwanis of Dennis-Yarmouth, dissolved in 2010.

DEADLINE FOR APPLICATION: **March 2**

SELECTION PROCESS: CCT SELECTS RECIPIENT ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: **The check will be available at Awards Night**

1ST SEMESTER GRADES 2ND SEMESTER GRADES