



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

DONOR INFORMATION (file by)

NAME OF SCHOLARSHIP: **PHYSICIANS OF CAPE COD**

OR

NAME OF TOOLSHIP:

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

AMOUNT OF TOOLSHIP:

CRITERIA:

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

SHOP OR COURSE OF STUDY: HEALTH / DENTAL profession

ACADEMICS: _____

NEED: _____

OTHER: Each Cape school will choose their top student

continuing their education in the health field,

including dental assisting students for Cape Tech.

CONTACT INFORMATION:

NAME: Peter E. Bentivegna, M.D.

ORGANIZATION: Physicians of Cape Cod

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APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

Top student chosen by school.

DEADLINE FOR APPLICATION: **March 2**

SELECTION PROCESS: CCT SELECTS RECIPIENT ORGANIZATION SELECTS RECIPIENT

METHOD OF DISTRIBUTION: Scholarship will be sent directly to the school after successful
completion of first semester. Need Tax ID of the school.

1ST SEMESTER GRADES 2ND SEMESTER GRADES