



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **N/A**

NAME OF TOOLSHIP: **ROGER NICKERSON 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? _____

COURSE OF STUDY or SHOP: **PLUMBING**

ACADEMIC: _____

NEED: _____

OTHER: A student whose work exemplifies fine craftsmanship, thoroughness and respect for customers.

CONTACT INFORMATION:

NAME: Ms. Joan Bentinck-Smith
ORGANIZATION: **ROGER NICKERSON TOOLSHIP**
ADDRESS: P.O. Box 710
Cotuit, MA 02635
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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