



# SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: N/A

NAME OF TOOLSHIP: **TIMOTHY ENGEL MEMORIAL TOOLSHIP**

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

AMOUNT OF TOOLSHIP: \$100.00

**CRITERIA:**

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

SHOP OR COURSE OF STUDY: **MARINE SERVICES**

ACADEMICS: \_\_\_\_\_

NEED: \_\_\_\_\_

OTHER: Friendly, generous and caring, exhibits goodwill towards others

**CONTACT INFORMATION:**

NAME: Ms. Gail (Engel) Hancock

ORGANIZATION: **TIMOTHY ENGEL MEMORIAL TOOLSHIP**

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APPLICATION PROCESS:       CCT APPLICATION       ORGANIZATION'S OWN APPLICATION

DEADLINE FOR APPLICATION: March 2

SELECTION PROCESS:       CCT SELECT RECIPIENT       ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: Check will be presented at the Awards Assembly.

1ST SEMESTER GRADES       2ND SEMESTER GRADES