



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **BARNSTABLE COUNTY 4-H SCHOLARSHIP**

NAME OF TOOLSHIP: **N/A**

AMOUNT OF SCHOLARSHIP: **\$250 - \$1000** ONE TIME ANNUALLY
AVAILABLE FUNDS (Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **N/A** **MUST REAPPLY!**

CRITERIA:

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

COURSE OF STUDY or SHOP: _____
ACADEMIC: To be considered
NEED: To be considered
OTHER: **4-H MEMBER (CURRENT OR FORMER)**

CONTACT INFORMATION:

NAME: Ms. Judith M Vollmer, Extension Educator
ORGANIZATION: Barnstable County 4-H Advisory Council
ADDRESS: P.O. Box 367
 Barnstable, MA 02630-0367

PHONE: 508-375-6696 FAX: 508-362-4518
EMAIL: jvollmer@barnstablecounty.org
WWW: capecodextension.org (4-H Youth Development)

APPLICATION PROCESS: **CCT APPLICATION** **ORGANIZATION'S OWN APPLICATION**
Completed application form
Cover letter stating reasons for applying.
Copy of most recent 4-H portfolio and/or brief summary of 4-H experiences
Transcript

DEADLINE FOR APPLICATION: **April 1** (received by)

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

METHOD OF DISTRIBUTION: Paid directly to the student after successful completion of their first semester and submission of grades.

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