



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

DONOR INFORMATION (file by)

NAME OF SCHOLARSHIP: **CAPE COD HOSPITAL**

sponsored by the Laraja Foundation

NAME OF TOOLSHIP:

AMOUNT OF SCHOLARSHIP: **\$1,000** ONE TIME RENEWABLE - ANNUALLY
(2 awards) (Based on continuing eligibility)

AMOUNT OF TOOLSHIP:

CRITERIA:

MUST RESIDE IN A PARTICULAR TOWN? YES NO IF YES - WHERE? **Barnstable County**

SHOP OR COURSE OF STUDY: **NURSING**

ACADEMICS: To be considered

NEED: To be considered

OTHER: Must be accepted on a full-time basis to become a registered nurse with an Associates or Bachelors Degree for the coming year.

Must be graduating from high school in Barnstable county.

CONTACT INFORMATION:

NAME: Judy Quinn, Vice President of Patient Care

ORGANIZATION: Cape Cod Hospital

ADDRESS: 27 Park Street

Hyannis, MA 02601

PHONE: 508-862-5102

EMAIL: _____

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION
CCH application

Transcript

DEADLINE FOR APPLICATION: **April 1** postmarked

SELECTION PROCESS: ORGANIZATION SELECTS RECIPIENT CCT SELECTS RECIPIENT

METHOD OF DISTRIBUTION: Applicants will be notified no later than April 22, 2011
checks are made payable jointly to student and school.

1ST SEMESTER GRADES 2ND SEMESTER GRADES