



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **CAPE COD MINIATURE SOCIETY**

NAME OF TOOLSHIP: **N/A**

AMOUNT OF SCHOLARSHIP: **TBD** ONE TIME ANNUALLY
(Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **N/A**

CRITERIA:

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

COURSE OF STUDY or SHOP: VISUAL ARTS

ACADEMIC: _____

NEED: _____

OTHER: High school senior, residing on Cape Cod and pursuing higher education in the Visual Arts field.

CONTACT INFORMATION:

NAME: Ms. Mary Doolin, Philanthropic Chairperson

ORGANIZATION: **Cape Cod Miniature Society**

ADDRESS: c/o 214 Swift Avenue
Osterville, MA 02655

PHONE: 617-407-3356 (cell)

EMAIL: _____

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION
Include written recommendations from your art instructor and guidance counselor.

DEADLINE FOR APPLICATION: **April 15**

SELECTION PROCESS: WE SELECT RECIPIENT ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: The scholarship will be sent to the Guidance Counselor to be awarded at the school's Awards Night.

1ST SEMESTER GRADES 2ND SEMESTER GRADES