



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

DONOR INFORMATION (file by)

NAME OF SCHOLARSHIP: **Cotuit Firefighters Association Freshman Scholarship**

OR

NAME OF TOOLSHIP:

AMOUNT OF SCHOLARSHIP:

\$1,000

ONE TIME RENEWABLE

AMOUNT OF TOOLSHIP:

CRITERIA:

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

SHOP OR COURSE OF STUDY: **WATER DISTRICT**

ACADEMICS: _____

NEED: _____

OTHER: _____

Resident of the Cotuit Fire District; or
family member of a past or present employee of
Cotuit Firefighters Association.

CONTACT INFORMATION:

NAME: James LeClair
ORGANIZATION: **Cotuit Firefighter's Association**
ADDRESS: Attention: Scholarship Committee
P.O. Box 85
Cotuit, MA 02635
PHONE: **508-428-6165**
EMAIL: _____

APPLICATION PROCESS:

CCT APPLICATION ORGANIZATION'S OWN APPLICATION

Transcript

Organizations completed application

No letters of recommendation will be accepted.

DEADLINE FOR APPLICATION:

April 1 (postmarked)

SELECTION PROCESS:

ORGANIZATION SELECTS RECIPIENT CCT SELECTS RECIPIENT

METHOD OF DISTRIBUTION:

Paid upon successful completion of 1st semester (minimum 2.0 GPA) of college. To be used for books and tuition only.

1ST SEMESTER GRADES 2ND SEMESTER GRADES