



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

DONOR INFORMATION (file by)

NAME OF SCHOLARSHIP: **FRIENDS OF CAPE TECH FOOTBALL**

OR

NAME OF TOOLSHIP: **FRIENDS OF CAPE TECH FOOTBALL**

AMOUNT OF SCHOLARSHIP: **\$250.00** ONE TIME RENEWABLE - ANNUALLY
(Based on continuing eligibility)

or

AMOUNT OF TOOLSHIP: **\$250.00**

CRITERIA:

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

SHOP OR COURSE OF STUDY:

ACADEMICS: _____ To Be Considered

NEED: _____

OTHER: _____

_____ Must be a member of Crusaders Football Team

CONTACT INFORMATION:

NAME: _____ Kristen Whitney

ORGANIZATION: _____ **Friends of Cape Tech Football**

ADDRESS: _____ P.O. Box 2177

_____ Orleans, MA 02653

PHONE: _____ **508-685-9202**

EMAIL: _____ crusaderfootball2010@yahoo.cc

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

Transcript _____

1 personal recommendation _____

1 letter from coach (see application for specifics) _____

1 page essay (see application for specifics) _____

DEADLINE FOR APPLICATION: **April 1**

SELECTION PROCESS: ORGANIZATION SELECTS RECIPIENT CCT SELECTS RECIPIENT

METHOD OF DISTRIBUTION: _____ Check presented at Awards Night.

1ST SEMESTER GRADES 2ND SEMESTER GRADES