



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **NORMAN A. FENNELL MEMORIAL SCHOLARSHIP**

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? **HARWICH**

COURSE OF STUDY or SHOP: _____
ACADEMIC: To be considered
NEED: To be considered
OTHER: **Graduate who is accepted in an accredited college or institute of higher learning as a full-time student.**
Extra-curricular performance & personal circumstances also considered.

CONTACT INFORMATION:
NAME: Mr. Albert Barker
ORGANIZATION: **Norman A. Fennell Memorial Scholarship Foundation**
ADDRESS: 12 Walther Road
Harwich Port, MA 02646
PHONE: 508-432-5524
EMAIL: _____

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION

DEADLINE FOR APPLICATION: **May 1**

SELECTION PROCESS: THEY SELECT RECIPIENT WE SELECT RECIPIENT

METHOD OF DISTRIBUTION: _____
Check will be sent directly to the college.

 1ST SEMESTER GRADES 2ND SEMESTER GRADES