



SCHOLARSHIP / TOOLSHIP INFORMATION SHEET

NAME OF SCHOLARSHIP: **UMASS AMHERST CAPE COD ALUMNI ASSOCIATION**

NAME OF TOOLSHIP: N/A

AMOUNT OF SCHOLARSHIP: **\$2,000** ONE TIME ANNUALLY
(more than one) (Based on continuing eligibility)

AMOUNT OF TOOLSHIP: **N/A**

CRITERIA:

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

COURSE OF STUDY or SHOP: N/A

ACADEMIC: 3.3 + GPA

NEED: _____

OTHER: Student must be accepted at UMASS Amherst.

CONTACT INFORMATION:

NAME: Mrs. Patricia Williams
ORGANIZATION: **UMASS Amherst Cape Cod Alumni Association**
ADDRESS: 9 Fleetwood Road
Sandwich, MA 02537
PHONE: 508-888-4356
EMAIL: mpatty3@comcast.net

APPLICATION PROCESS: CCT APPLICATION ORGANIZATION'S OWN APPLICATION
Transcript and grades through first quarter of high school senior year.
Provide GPA, Class Rank, SAT scores
600 word personal essay required see application for further detail.

DEADLINE FOR APPLICATION: **April 30**

SELECTION PROCESS: WE SELECT RECIPIENT ORG SELECTS RECIPIENT

METHOD OF DISTRIBUTION: \$2,000 paid to UMass for 1st semester.

1ST SEMESTER GRADES 2ND SEMESTER GRADES