



# 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](mailto: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 25**

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**