

# GARDEN CLUB OF YARMOUTH

<b>TOOLSHIP APPLICATION</b>
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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Costs: \$\_\_\_\_\_

Other Toolships: \$\_\_\_\_\_

Your contributions: \$\_\_\_\_\_. Attach Business Plan if available.

Your Recent and Summer Employment Experience(s):

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Activities, Offices held, Honors, Awards:

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Personal Information: In this space, explain why you would be a good candidate to receive a toolship. State your goals and why you are applying for this toolship. Be sure to include anything you feel may favorably affect consideration of your application.

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Toolship

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I affirm that the information on this application is correct:

Parent signature (if student is under 18 years of age):

Student signature: \_\_\_\_\_

**\*\*\*\*Please include a grade transcript and two (2) letters of recommendation with this application. They may be from a teacher, an employer, or a non-related person. The toolship award may be paid directly to a supplier at the discretion of the Club.**

**Please submit this application by April 15 to:**

Margery Kelly  
121 Camp St. #112  
West Yarmouth MA 02673