

GARDEN CLUB OF YARMOUTH

TOOLSHIP APPLICATION

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Anticipated Costs: \$_____

Other Toolships: \$_____

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

Your Recent and Summer Employment Experience(s):

Activities, Offices held, Honors, Awards:

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.

Toolship

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:

Claire Linnan
Garden Club of Yarmouth Toolship
16 Russo Rd.
West Yarmouth, MA 02673