

The Cotuit Women's Fellowship
Cotuit Federated Church
PO Box 436
Cotuit MA 02635

Contact: Joan Roberts 774.521.3439 / joan082667@gmail.com

Scholarship Application Form

Full Name _____

Street Address _____

Mailing Address _____

Town, State, Zip Code _____

Telephone _____

Email _____

School/Program Where Scholarship will be Applied

Cost per Semester/Session _____

Personal Statement: Information about yourself, goals, activities or other relevant information that would be helpful in determining our selection for this scholarship. Use the space below and another page, if necessary.