



WESTPORT COMMUNITY ASSOCIATION
APPLICATION FOR STUDENT AWARD

Date _____

Name _____

Address _____

Phone Number _____ Cell _____

Name Of School Or Training Program _____

Briefly Describe Your Long Term Goals And How This Course Of Study Will Help
You Achieve Them _____

(If needed, please attach your description to this application.)

Please return completed application *with proof of academic standing* by
Saturday July 14, 2018 to:

WCA Student Awards Committee
6 Fowles Point Road
Westport Island, ME 04578