

WESTPORT COMMUNITY ASSOCIATION APPLICATION FOR STUDENT AWARD

ate	
Name	
Phone Number	Cell
Name Of School Or Trainir	ng Program
Briefly Describe Your Long	g Term Goals And How This Course Of Study Will Help
You Achieve Them _	
(If needed, please attach yo	our description to this application.)
Please return completed app	plication with proof of academic standing by
Saturday July 17, 2020 to:	
	nmittee 6 Fowles Point Road
Westport Island, ME 04578	}