



247 Stevens Street, Suite E Hyannis Ma, 02601 Phone (508)-778-1590 Fax (508)-778-1094

### SCHOLARSHIP APPLICATION REQUIREMENTS

This scholarship (\$1,000.00) was started as a result of donations made in memory of several veterans whose loss of life showed us that there was a need to encourage the growth and education of veterans and their children. A scholarship designed for veterans and children; we hope to help in some way with the obtaining of further education whether it is at an accredited college, or an accredited trade or vocational institution.

Please fill out the information below and submit this form to the:

**CAPE AND ISLANDS VETERANS OUTREACH CENTER SCHOLARSHIP COMMITTEE**  
**247 Stevens Street Suite E, Hyannis, MA 02601**

—————→ **To be received no later than: April 30, 2021** ←————

#### **REQUIREMENTS:**

*(This is a merit-based scholarship)*

- Veteran, Child/or Dependent of Veteran. (Attach copy of DD 214) **Please note\*\*** A student whose grandparent is a veteran is not eligible to apply for this scholarship, unless the student resides with that veteran grandparent.
- Veterans or children of Veterans, eligible for Chapter 35, or whose tuition is covered by other sources are eligible.
- **HIGH SCHOOL SENIOR, GRADUATE OR EQUIVALENT WITH PROOF OF ACCEPTANCE TO AN ACCREDITED INSTITUTION OF HIGHER LEARNING.**
- **COPY OF AN OFFICIAL TRANSCRIPT FROM AN INSTITUTION ALREADY ATTENDING. (If transferring, AN ACCEPTANCE LETTER MUST ACCOMPANY TRANSCRIPT)**
- **TRANSCRIPT MUST INDICATE AT LEAST A 2.5 GRADE POINT AVERAGE FOR CONSIDERATION**

**PLEASE ATTACH COPY OF DD 214 OR OTHER VERIFIABLE PROOF OF SERVICE.**



***(NO APPLICATION WILL BE ACCEPTED WITHOUT VERIFICATION OF SERVICE)***



**CHECK TO BE MADE PAYABLE TO APPLICANT SELECTED FOR AWARD**

Applications will be date stamped upon receipt:

**DATE RECEIVED:**

**CAPE AND ISLANDS VETERANS OUTREACH ANNUAL SCHOLARSHIP**

**FULL NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS, IF DIFFERENT:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_ **CONTACT NUMBER:** \_\_\_\_\_

**PLEASE INDICATE WHICH YEAR OF STUDY YOU WILL BEGIN THIS FALL (*Circle Choice*)**

**FRESHMAN**

**SOPHMORE**

**JUNIOR**

**SENIOR**

**PG**

**LIST ALL SPECIAL AWARDS OR HONORS ACHIEVED:**

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**LIST SCHOOL ACTIVITIES:**

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**LIST COMMUNITY INVOLVEMENT:**

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**WORK HISTORY FOR PAST TWO YEARS:**

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**APPLICANT'S NAME:** \_\_\_\_\_

**PARENT'S INFORMATION** *(For Children/Dependent Applicants)*

**FATHER'S NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ *(Home)* \_\_\_\_\_ *(Cell)*

**ADDRESS:** \_\_\_\_\_

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**OCCUPATION:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ *(Home)* \_\_\_\_\_ *(Cell)*

**ADDRESS:** \_\_\_\_\_

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**OCCUPATION:** \_\_\_\_\_

***PLEASE ENCLOSE A COPY OF FINAL HIGH SCHOOL TRANSCRIPT; OR MOST RECENT TRANSCRIPT  
FROM LAST ATTENDED EDUCATIONAL INSTITUTION***

**I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
*(Father's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Mother's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*