



*Cape and Islands Veterans Outreach Center  
247 Stevens Street, Hyannis, MA  
508-778-1590*

*Cape and Islands Veterans Outreach Center Scholarship Application*

Each year the Cape & Islands Veterans Outreach Center awards five \$1000 scholarships, four to high school students who belong to a veteran family and a fifth is awarded to a student veteran currently enrolled in college. Our scholarships are in given in memory of the following:

- *ERIC JONES*
- *NICHOLAS XIARHOS*
- *ROY PACHECO*
- *MICHAEL TRAINOR*
- *GREG MORRISON*

The scholarships are awarded directly to the recipient. Scholarships may be used to offset book costs, lab fees and any other costs associated with attending an accredited college or post-secondary trade or vocational school.

**Complete the application form including providing required documents and return to**

**Cape & Islands Veterans Outreach Center  
247 Stevens Street, Suite E  
Hyannis MA 02664**

**All Applications must be post marked no later April 29<sup>th</sup>, 2024.**

**Applicant Requirements**

**1. Applicant must be:**

**Veteran**     **Member of a Veteran Family**

**Veteran or Family Member Eligible for Chapter 35**

**High School Senior, Graduate or Equivalent with Proof of Acceptance**

**to an accredited institution of Higher Learning**



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**2. Applicant must submit:**

- Letter of Acceptance to Accredited Institution of Higher Learning
- Latest High School Transcript
- Copy of an official transcript from a post-secondary institution, if already attending one. Transcript must indicate a minimum of a 2.5 GPA.
- Copy of DD214 or other verifiable proof of service of veteran or family member

**Application Part I**

**Applicant's Full Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mailing Address if Different:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address if Different from Above:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mother's Address if Different from Above:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

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

**Father's Signature:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_



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**Application Part II: Background**

**Please indicate which year of study you will begin this fall:**

Freshman    Sophomore    Junior    Senior    Postgraduate

**Please list all special awards or honors achieved:** \_\_\_\_\_

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**Please list school activities:** \_\_\_\_\_

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**Please describe any community service involvement:** \_\_\_\_\_

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**Please describe work history for past two years:** \_\_\_\_\_

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***ALL APPLICATIONS WILL BE DATE STAMPED UPON RECEIPT***