



THE EDWARD & LORRAINE O'NEILL SCHOLARSHIP FUND

A perpetual Scholarship Fund, organized by the Arc of Cape Cod, was started in memory of Edward & Lorraine O'Neill, dedicated and loyal members of The Arc of Cape Cod. Mr. & Mrs. O'Neill served as Resource Parents for the Association and in this role became friends to many parents of children with developmental disabilities on Cape Cod. Mr. & Mrs. O'Neill, themselves parents of a child with developmental disabilities, were available at all times for advice and counseling to parents who were adjusting to a family member with a developmental disability. This Scholarship Fund enables their memory and example to live on and serve as a reminder of their kindness and ability.

WHO IS ELIGIBLE?

The Scholarship Fund is available to a resident of Barnstable County, MA (Cape Cod) who is a high school graduate or college student who is planning to work with children or adults with developmental disabilities. This may be as a teacher, a therapist, or some other related helping field.

HOW DO I APPLY?

A scholarship application and a letter in the applicant's own words stating why he/she has chosen this profession must be sent to The Arc of Cape Cod office in Hyannis. Applications must be received by **April 16th** of each year. Selection will be based on financial need, volunteer experiences, academic achievement and extra curricular activities.

Applications may be sent to the:

The Edward & Lorraine O'Neill Scholarship Fund

c/o The Arc of Cape Cod

P.O. Box 428

Hyannis, MA 02601.

For further information or applications, please call the Arc of Cape Cod office at (508) 790-3667.



The Arc of Cape Cod
Realizing potential. Achieving goals.
Post Office Box 428
Hyannis, Massachusetts 02601

THE EDWARD & LORRAINE O'NEILL SCHOLARSHIP FUND

Name: Last First Middle

Home Address:

Telephone Number: Email:

Date of Birth: Birthplace:

Father's Occupation: Employer:

Mother's Occupation: Employer:

Does family have any income other than from occupations listed above?

If so, please indicate source:

Names of brothers and/or sisters Age School Attending

Name of college/school currently attending:

Address: Year:

Name of college/school you plan to attend?

Address:

Accepted? What is your major?

Total yearly cost? \$

Your total assets available to further your education: \$

Do you have any other income available for college? \$

Any unusual situations or problems that underline your need for financial assistance? _____

What plans do you have for when you have finished your education?

Work Experience:

Employer:	Position	Dates of employment
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Experience in working with people with handicaps: _____

List fully all school and community activities (i.e., class offices, yearbook, athletics, drama and music activities, church, scouts, etc.)

List grade averages in major subjects as of mid year.

List three references (one of whom is a teacher or professor)

Name:

Address:

Other Comments:

Applicant's Signature

Applications should be completed and returned by **April 16th** to:



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