



## THE EDWARD and LORRAINE O'NEILL MEMORIAL SCHOLARSHIP FUND

A perpetual Scholarship Fund, organized by the Arc of Cape Cod, was started in memory of Edward and Lorraine O'Neill. Ed was a long time Board member and volunteer with The Arc of Cape Cod. Lorraine served as a Resource Parent for the Arc and in this role became a friend to many parents of children with developmental disabilities on Cape Cod. Mr. and Mrs. O'Neill, the parents of a child with developmental disabilities, were always available for advice and counseling to parents who were adjusting to the 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 residents of Barnstable County, MA (Cape Cod) who are high school graduates or college students 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 5th** 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 and Lorraine O'Neill  
Memorial Scholarship Fund**  
c/o The Arc Outer Cape & Islands  
261 Whites Path, Unit 1  
South Yarmouth, MA 02664

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



The Arc Outer Cape & Islands  
 261 Whites Path, Unit 1  
 South Yarmouth, MA 02664

THE EDWARD & LORRAINE O'NEILL MEMORIAL SCHOLARSHIP FUND

Name: \_\_\_\_\_  
Last First Middle

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

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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?

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

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Work Experience:  
Employer:

Position

Dates of employment

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Experience in working with people with disabilities: \_\_\_\_\_

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

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List grade averages in major subjects as of mid year.

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

Name:

Address:

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Other Comments:

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\_\_\_\_\_  
Applicant's Signature

Applications should be completed and returned by **April 5th** to:

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