



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

Cape and Islands Veterans Outreach Center Scholarship Application Requirements

Each year the Cape & Islands Veterans Outreach Center awards four \$1000 scholarships. The first three are awarded to high school students who belong to a veteran family. They have been named after three of our original founders, Roy Pacheco, Michael Trainor, and Michael Williams.

The fourth is awarded to a student veteran and is given in memory of Captain Eric Jones, a Marine helicopter pilot who lost his life in Afghanistan. Captain Jones' parents now reside on Cape Cod and are untiring advocates for the support of our veterans. We were honored when the Joneses gave us permission to name our first veteran scholarship awarded in 2015, the Captain Eric Jones Memorial Scholarship, in honor of their son.

In 2019, we have added three new scholarships. The first is the Nicholas G. Xiarhos Memorial Scholarship which is funded by the foundation of the same name, and will also be awarded to a veteran who is currently enrolled in a post-secondary institution.

The third and fourth are the Michael and Lisa Serabian Scholarships which will be awarded to high school seniors who have been accepted to a post-secondary trade school.

The scholarships are awarded directly to student and not to the institutions in order to fund the book costs, lab fees and other costs associated with attending an accredited college or post-secondary trade or vocational school.

**PLEASE FILL OUT THE COMPLETE APPLICATION WHICH FOLLOWS AND RETURN IT TO THE
CAPE AND ISLANDS VETERANS OUTREACH CENTER, 247 STEVENS STREET, SUITE E, HYANNIS,
MA, 02601 NO LATER THAN**

APRIL 30, 2019

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



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to an accredited institution of Higher Learning

2. Applicant must submit:

- ___ Letter of Acceptance to Accredited Institution of Higher Learning
- ___ 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: _____ **Phone:** _____

Home Address: _____

Mailing Address if Different: _____

Father's Name: _____ **Phone Number:** _____

Address if Different From Above: _____

Occupation: _____

Mother's Name: _____ **Phone Number:** _____

Mother's Address if Different from Above: _____

Occupation: _____

***IN ADDITION TO THE DOCUMENTS LISTED ON PAGE ONE, PLEASE ALSO
ENCLOSE LATEST HIGH SCHOOL TRANSCRIPT OR MOST RECENT TRANSCRIPT
FROM LAST ATTENDED EDUCATIONAL INSTITUTION.***



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**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: _____

Application Part II: Background

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

Freshman Sophomore Junior Senior Post Graduate

**Please list all special awards or honors
achieved:** _____

**Please list school
activities:** _____

**Please describe any community
involvement:** _____



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Please describe work history for past two years:_____

ALL APPLICATIONS WILL BE TIME STAMPED UPON RECEIPT