

The Timothy O'Connell Foundation

www.timsteam.org

The Timothy T. O'Connell Memorial Scholarship

Thank you for your interest in The Timothy O'Connell Foundation and The Timothy T. O'Connell Memorial Scholarship

The Foundation is a 501(c)(3) not-for-profit organization, established in 2008 in honor and loving memory of Timothy O'Connell, a friend and inspiration to so many in Holliston and beyond. Tim courageously battled acute myeloid leukemia between May 2007 and his death on September 9, 2008, just two days after his tenth birthday. Tim's warm smile, his gentle and loving spirit, his boundless hope and his incredible physical and emotional strength will forever live with those who were lucky enough to know him.

The Foundation's goals are to promote the funding or other support of programs and projects designed to research treatments of and cures for acute myeloid leukemia and other cancers affecting children, the provision of financial and other assistance to charities devoted to the needs of cancer patients who are under the age of eighteen (18) and their families, and the provision of scholarship and fellowship grants to persons who are dedicated to medicine, nursing, medical research and related studies. Consistent with this last goal, the Foundation, through its trustees, has established an **annual \$2,500 scholarship** in Tim's memory to benefit **residents of Holliston, Massachusetts** who **intend to pursue higher education in medicine, nursing or some other health-related field of study**. All graduating high school seniors and high school graduates not yet enrolled in a post-secondary educational institution or program who reside in Holliston, regardless of where they attend or attended high school, are eligible for the scholarship.

The application process requires submission to a Review Committee of a written application form, an essay and requested supporting documentation.

A Review Committee that includes trustees of the Foundation and educators will review all application materials, and all decisions of the Review Committee shall be final. Failure to meet published deadlines and/or to abide by any other application procedures will disqualify an applicant from consideration.

The Foundation reserves the right to pay any scholarship award directly to the award recipient's college, university or other educational institution upon presentation of an invoice and receipt from the award recipient of evidence of enrollment and attainment of satisfactory grades.

Any interested applicant should return a completed, fully-executed copy of the written application form, essay and supporting documentation to the Review Committee at the following address:

The Timothy T. O'Connell Memorial Scholarship
Attn: Review Committee
c/o Posternak Blankstein & Lund LLP
Prudential Tower, 33d floor
800 Boylston Street
Boston, MA 02199
Attn: Kevin J. O'Connell

Alternatively, applicants may scan and email pdf copies of their completed application materials to info@timsteam.org, with a copy to koconnell@pbl.com. Holliston High School students, in lieu of either of the two above-stated methods of return, may return their materials to the Holliston High School guidance office. Holliston High School students may use the "common" scholarship form provided by the Holliston High School guidance office, but must submit the required essay. Regardless of the method chosen by an applicant to return his or her application materials, **ALL APPLICATION MATERIALS MUST BE DELIVERED TO THE REVIEW COMMITTEE AS ABOVE NO LATER THAN FRIDAY, APRIL 30, 2012.**

Copies of all application materials are available for downloading at www.thetimothyconnellfoundation.org. Application materials will also be available at Holliston Public Library during business hours.

Please feel free to email the Review Committee with any questions at info@timsteam.org. Thank you again for your interest.

**APPLICATION FOR
THE TIMOTHY T. O'CONNELL MEMORIAL SCHOLARSHIP**

PLEASE PRINT OR TYPE

I. PERSONAL DATA

Name: _____
(last, first, middle initial)

Address: _____
Holliston, MA 01746

Date of Birth: _____ Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____

High school you attend/ attended: _____

Post-secondary school you plan to attend: _____

Intended Major: _____

II. DOCUMENTATION TO BE SUBMITTED

In addition to this completed application form and the essay described below, please submit the following items in support of your application:

_____ High School Transcript and Test Scores

_____ Teacher or Counselor Recommendation

_____ Activities Profile

_____ Copy of College Acceptance Letter

_____ Any information regarding financial need or other special circumstances that you wish to bring to the attention of the Review Committee (*optional*).

III. ESSAY

Please attach an original, one-page, double-spaced essay authored by you describing your educational goals and career plans, and please include therein your specific reasons for wanting to pursue an education in medicine, nursing or another health-related field.

IV. CERTIFICATION

In submitting this application, I, the undersigned applicant, certify that the information provided is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of any scholarship granted. I also hereby authorize my guidance office to release my transcript in support of this application.

Applicant's Signature: _____ Date: _____