



Lifeworks
789 Clapboardtree Street, Westwood, MA
02090 TEL: 781-762-4001, EXT. 304
FAX: 781-320-7998
ATTN: Dawna Gyukeri
or e-mail dgyukeri@lifeworksarc.org
www.lifeworksarc.org

2026 SCHOLARSHIP APPLICATION

NAME: _____

HOME ADDRESS: _____

PHONE: _____ EMAIL: _____

SCHOOL NAME/ADDRESS: _____

MAJOR: _____ MINOR: _____

THIS FALL, WILL YOU BE ENTERING YOUR ☐JUNIOR OR ☐SENIOR YEAR OR ☐GRADUATE SCHOOL?

ARE YOU AVAILABLE FOR AN INFORMAL INTERVIEW IF THE COMMITTEE DESIRES? _____

HIGH SCHOOL: _____ YEAR GRADUATED: _____

COLLEGE (UNDERGRADUATE): _____ YEARS: _____

COLLEGE (GRADUATE): _____ YEARS: _____

HUMAN SERVICE EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

REFERENCES: (Please submit the names of 3 persons (not in your immediate family) as references. Include Name, Address, Phone Number, Email Address and Position.

1. _____
2. _____
3. _____

Please attach any additional information that you think may be relevant and helpful to the committee. Be sure your name is on each sheet. This form and attachments must be received by May 15, 2026 to be considered for the upcoming school year. Applicants must be a **college Junior or Senior or a Graduate Student**, with a **Major in Special Education or a related field only**. **Preference will be given to (1) applicants who have not previously received one of these scholarships and (2) applicants who have a strong connection to the geographic area served by Lifeworks.** Only those awarded scholarships will be contacted by Lifeworks.

Please send application and any attachments to dgyukeri@lifeworksarc.org or mail/drop off to **Lifeworks, 789 Clapboardtree St., Westwood, MA 02090.**