

# George Bartol Memorial Scholarship Fund



## **Overview of the Scholarship Process:**

The George Bartol Memorial Scholarship Fund was established in 2004 by his wife and daughters. George was a dedicated soldier, father, husband, son and brother. Education was always very important to Mr. Bartol. He made many sacrifices to ensure the education of his three daughters. To carry on his memory, this scholarship was established to aid a child who has lost a parent to brain cancer or a child who has a parent battling primary brain cancer. The cancer must have originated in the brain. Children of Vietnam Veterans who have not been awarded VA Chapter 35 benefits are strongly encouraged to apply.

## **Application Process:**

Applicants must meet the following criteria:

1. Must have lost a mother or father to any form of primary brain cancer or have a mother or father who has been diagnosed with primary brain cancer.
2. Must be a full time, degree seeking student at an accredited 2 or 4-year college or university.
3. Must show proof of good standing with a 2.5 GPA or better.
4. Must be between the ages of 18 to 23.

Student essays, grades, letters of recommendations, and financial need will all be considered in the awarding of this scholarship.

The George Bartol Memorial Scholarship Fund shows no bias toward students of any particular race, religion or gender, none of which will be considered in choosing scholarship recipients.

## **How to Apply**

Fill out the attached application completely with all attachments requested. Please collate all submissions into 5 individual packets. Please make sure each page of your application packet includes your name. Keep a copy of your submission for future reference and mail the completed application to:

George Bartol Memorial Scholarship Fund  
C/O Heather M. Bartol  
4863 Riverton Drive  
Orlando, Florida 32817

**Scholarship Application:**

All applicants must complete all parts of the application form.

**Student Essays:**

Please complete the following 5 essays on separate pages. Be sure to type your name on each.

**Essay # 1:** Please tell us more about your parent who has lost their battle to brain cancer or your parent who is currently battling brain cancer. In your essay, please include your parent's name, age, type of brain cancer, date of diagnosis, and date they passed away if applicable.

**Essay # 2:** How will this scholarship affect you and your family?

**Essay # 3:** How has cancer impacted your life?

**Essay # 4:** What was your biggest adjustment since your parent's battle with brain cancer began?

**Essay # 5:** What have you learned from this experience and how might you help others as a result?

**Letter of Recommendation:**

Please provide 2 letters of recommendation from a teacher, counselor, principal or priest/minister or someone who knows you well.

**Academic Performance:**

Provide a copy of your most recent high school or current college transcript showing your overall grade point average. You do not have to submit official copies of your transcripts.

### **Photographs:**

Please include a photograph of you and your family with your application packet.

### **Scholarship Selection:**

The scholarship recipient will be selected by the George Bartol Memorial Scholarship Fund Committee. All applications will be considered that meet the application criteria. Financial issues, personal information, motivation to achieve a higher education etc. will all be considered in the selection process.

Scholarships will be awarded by December 2006 for the January 2007 term. We will make every effort to notify scholarship recipients by December 1, 2006. Students must accept or reject their scholarship in writing within 10 days of receiving notification they have been awarded the scholarship. Failure to do so will result in loss of this scholarship.

### **Additional Information:**

For more information, contact any of the following family members:

- Kari Bartol 407.718.7601
- Heather Bartol 407.382.5982
- Brandy Bartol 850.926.1999

**The student will need to submit 5 application packets for the scholarship committee. Each application packet will include the student's application form, essays, letters of recommendation, current transcript and picture.**

### **Scholarship Terms:**

- The scholarship will be paid directly to the college or university's financial aid office where the student is attending.
- If the student fails to attend classes for 1 term that he or she was awarded the scholarship, the George Bartol Memorial Scholarship will ask that the money be returned to the scholarship fund by the college or university the student is attending.
- The scholarship is valid for \$1,000 per semester for a total of \$3,000 per year.

- Students attending a college or university offering classes on a quarterly basis will be awarded \$750 per quarter for a total of \$3,000 per year.
- The student must maintain at least a 2.5 GPA each term or quarter in order to maintain the scholarship.
- The student must provide a copy of their grades to the George Bartol Memorial Scholarship Fund within 10 days of receipt each semester or term the student is being sponsored by the George Bartol Memorial Scholarship Fund. Failure to do so will result in a delay in funds being dispersed to the college or university.
- The student can reapply for this scholarship on a yearly basis. There is no guarantee the same student will be selected each year to receive this scholarship.
- The scholarship will be valid from January to December.
- The scholarship recipient will be selected by December 1, 2006.
- Applications are due by October 1, 2006.

# George Bartol Memorial Scholarship Fund



## APPLICATION FORM

**Student Information:**

Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender:                      Male      Female  
U.S. Citizen:                Yes      No

**Parent or Guardian Information:**

Parent or Guardian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_

**Sibling Information:**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Age: \_\_\_\_\_

**Personal Reference Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

**Student's Educational Information:**

School Currently Attending: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
  
Intended Major: \_\_\_\_\_  
What would you like to do with your degree? \_\_\_\_\_  
\_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_  
Honors: \_\_\_\_\_  
Extracurricular Activities: \_\_\_\_\_  
Offices Held: \_\_\_\_\_

**Medical Verification:**

If you are selected to be one of the scholarship winners for 2007, we will need to verify your parent is/was being treated for brain cancer, originated in the brain. Please identify the name of the medical provider who can verify this information. A medical doctor who serves on our committee will make telephone contact with the medical provider to verify your parent is/was being treated for brain cancer. We will only be contacting your parent's medical provider if you are selected to be a recipient of the scholarship.

Name of Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

**Financial Information:**

Are you currently receiving any scholarships or grant money to assist with your educational studies?      Yes      No

- If yes, how much scholarship or grant money have you been awarded for the 2006-2007 school year? \_\_\_\_\_

**Signature**

By applying for this scholarship, students agree to give the George Bartol Memorial Scholarship Fund permission to use the student’s name, pictures provided, and essay information for promotional materials.

**Student and Parent Affirmation:**

Both student and parent or guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate, true, and complete to the best of our knowledge. We understand misrepresentations may constitute fraud, which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the selection committee of the George Bartol Memorial Scholarship Fund to review student transcripts and other personal information. We give permission for the selection committee of the George Bartol Memorial Scholarship Fund to contact my parent’s medical provider to verify that my parent is/was being treated for brain cancer for the purpose of this scholarship.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date