



**Hope Begins Here!**

## **Boston North Cancer Association, Inc.**

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## **Boston North Cancer Association Hope Begins Here Scholarship Application Deadline: April 1, 2018**

Boston North Cancer Association, Inc. (BNCA), a non-profit organization, is dedicated to providing vital resources for cancer treatment, prevention, and care exclusively to North Shore communities. Since 1944, BNCA (formerly Lynn Cancer Association, Inc.) has invested more than \$1,000,000 in cancer-related medical resources, support services, and educational programs to benefit North Shore residents.

The purpose of Boston North Cancer Association's Scholarship Program is twofold: to help promising North Shore students overcome the challenges and hardships posed by cancer so they may achieve their dreams of higher education; and to advance improved methods of cancer treatment and prevention by means of assisting medical school students.

The **Hope Begins Here Scholarship** of **\$3,500** will be awarded to one college-bound high school senior whose parent has passed away from cancer, survived cancer during the applicant's childhood years, or is currently undergoing treatment for cancer and who resided and completed high school in a city or town\* on the North Shore of Massachusetts.

The Hope Begins Here Scholarship will be awarded in 2018 in honor of **David J. Solimine Sr.**, a dedicated and active community leader, and Founder/Funeral Director of Solimine Funeral Homes, recipient of the 2018 Boston North Cancer Association's Hope Begins Here Award.

### **Scholarship Application Process**

Applications will be available from January 1 – April 1. One applicant will be selected for this scholarship from a competitive application process. This is a one-time, non-renewable scholarship. Boston North Cancer Association will prioritize applicants with financial need for consideration.

**Deadline for applications: April 1.** Applications postmarked on April 1 will be accepted. Late or incomplete applications will not be considered. Please ensure application is complete and includes all components in whichever format application is sent. Completed applications can be emailed to [info@bostonnorthcancer.org](mailto:info@bostonnorthcancer.org) or mailed to:

Boston North Cancer Association, Inc.  
Attn: Scholarship Committee  
P.O. Box 3153  
Peabody, MA 01960

**Please note:** Boston North Cancer Association will notify applicants about award decisions by April 15. The scholarship award will be presented at a special reception on **May 3, 2018**. The scholarship award recipient is **required** to attend this event as a condition of receiving the scholarship. In order to issue the scholarship payment, the scholarship award recipient must submit written documentation from the college/university to Boston North Cancer Association indicating that the recipient is actively enrolled for the Fall semester.

The submission of a scholarship application shall constitute the applicant's authorization to Boston North Cancer Association, Inc. to use the applicant's personal information and photographs for the purpose of promoting the association.

For questions or additional information, please contact Boston North Cancer Association at **877-270-0370**, [info@bostonnorthcancer.org](mailto:info@bostonnorthcancer.org) or visit [www.bostonnorthcancer.org](http://www.bostonnorthcancer.org).

\*Boston North Cancer Association restricts funding to applicants who reside or attend high school in one of the following communities:

Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Lynnfield, Manchester-by-the-Sea, Marblehead, Middleton, Nahant, Peabody, Rockport, Salem, Saugus, Swampscott, Topsfield and Wenham.



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Hope Begins Here Scholarship  
Application Deadline: April 1, 2018**

**I. Application:** *Please type or print clearly.*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of High School \_\_\_\_\_

High School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Anticipated Date of High School Graduation: \_\_\_\_\_ Cumulative High School GPA: \_\_\_\_\_

Colleges/Universities Where Applied (please indicate application status as Accepted, Rejected, Wait-Listed, or Awaiting Response):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Major: \_\_\_\_\_

Extra-Curricular/Volunteer Activities – (include dates of participation and leadership roles):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment History (include company name(s), position(s), and employment date(s):

\_\_\_\_\_  
\_\_\_\_\_

Are You Eligible for Financial Aid? Please check one:  Yes  No

**II. Essay Questions:** *Please answer the following questions in three pages or less.*

1. How has cancer played a role in your life and in your goals for the future?
2. Who or what inspired you to pursue a college degree? If you have declared your major, please indicate who or what inspired your choice of major as well.



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**III. References:** Please list two references and include their typed and signed letters of recommendation to support your application.  
*Please note: References from friends or family members will not be considered.*

**Reference #1**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization/Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**Reference #2**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization/Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**IV. Physician Letter:** Please include a signed letter from a physician on official letterhead verifying that your parent has had a past or present cancer diagnosis.

**V. Submission:** Check that you have included the following required items with this application:

- Signed Application Form (pages 2 and 3)
- Essay Questions (maximum of 3 pages)
- Two Letters of Recommendation
- Official Signed Copy of High School Transcript
- Signed Letter from Physician

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The postmark deadline is April 1.** Late or incomplete applications will not be accepted. Please mail completed applications to:

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