



Boston North Cancer Association
David J. Solimine Sr. Honorary Scholarship
Application Deadline: April 1, 2018

Hope Begins Here!

Boston North Cancer Association, Inc.

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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 **David J. Solimine, Sr. Honorary Scholarship** of **\$3,500** will be awarded to one college-bound high school senior who is a cancer survivor 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.

David J. Solimine Sr. is a life-long resident of Lynn, MA. He is the founder and director of Solimine Funeral Homes. Mr. Solimine is deeply committed to the health and wellbeing of North Shore residents. A long serving member of Boston North Cancer Association's Board of Directors, he is a dedicated and active community leader. Mr. Solimine recognizes the importance of giving back and investing in the community he lives in and his generosity has touched the lives of many residents of the North Shore.

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 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 or visit 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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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 your physician on official letterhead verifying that you qualify for this scholarship with 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 _____

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Attn: Scholarship Committee
P.O. Box 3153
Peabody, MA 01960