



**Boston North Cancer Association**  
**F. John Bargoot, MD Memorial Scholarship**  
**Application Deadline: April 1**

The F. John Bargoot, MD Memorial Scholarship of **\$7,500** will be awarded to one medical school student who resided and completed high school in a Southern Essex County, MA city or town\* and has a demonstrated interest in cancer treatment and prevention.

The late F. John Bargoot, MD was past president and long serving member of the Boston North Cancer Association Board of Directors. He was a resident of Swampscott, MA for 40 years. Dr. Bargoot dedicated his entire career to the treatment and prevention of cancer. He served as the Director of the Division of Radiation Therapy for Atlanticare Medical Center in Lynn, MA from 1973-1993, and as a Radiation Oncologist at Lahey Clinic for 10 years.

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.

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

**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

\*Boston North Cancer Association restricts funding to applicants who resided and completed high school in the following communities:  
Amesbury, Beverly, Boxford, Danvers, Essex, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Lynn, Lynnfield, Manchester-by-the-Sea, Marblehead, Merrimac, Middleton, Nahant, Newbury, Newburyport, Peabody, Rockport, Rowley, Salem, Salisbury, Saugus, Swampscott, Topsfield, Wenham, and West Newbury.

**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 4, 2017**. The scholarship award recipient will be **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, Inc.**

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

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

Current Address \_\_\_\_\_

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

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

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

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

Date of High School Graduation \_\_\_\_\_

Home address during high school years \_\_\_\_\_

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

Phone \_\_\_\_\_

Name of Undergraduate College/University \_\_\_\_\_

College/University Address \_\_\_\_\_

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

Date of College Graduation \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Major and Minor \_\_\_\_\_

Name of Medical School \_\_\_\_\_

College/University Address \_\_\_\_\_

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

Anticipated Date of Graduation \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

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

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

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

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

Research or Publications:

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

Do you receive Financial Aid or Scholarships toward your tuition? Please check one:  Yes  No



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

1. Who and/or what inspired you to pursue a degree in medicine?
2. What area of medicine do you plan to pursue and why?
3. How do you envision incorporating cancer treatment, prevention and education into your profession?
4. To what medical school expenses will you allocate a scholarship award from Boston North Cancer Association (tuition, books, other)? Please explain.

**III. References:** Please list your reference and include his/her typed and signed letter 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 \_\_\_\_\_

**IV. 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)
- One Letter of Recommendation
- Official Signed Copy of College/University Transcript
- Official Signed Copy of Medical School Transcript if already attending

**The postmark deadline is April 1.** Late or incomplete applications will not be accepted. Please email completed applications to [info@bostonnorthcancer.org](mailto:info@bostonnorthcancer.org) or mail to:

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

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