



Hope Begins Here!

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**Boston North Cancer Association
F. John Bargoot, MD Memorial Scholarship**

Application Deadline: April 1, 2019

Boston North Cancer Association, Inc. (BNCA) is a non-profit organization dedicated to providing vital resources for cancer treatment, prevention, education and care exclusively to communities north of Boston. Since 1944, BNCA 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 the BNCA Scholarship Program is 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 F. John Bargoot, MD Memorial Scholarship, \$7,500

The F. John Bargoot, MD Memorial Scholarship is awarded to one medical school student who resided in a city or town* north of Boston, Massachusetts and has a demonstrated interest in cancer treatment and prevention. The late Dr. F. John 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. Dr. Bargoot 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.

Scholarship Application Process

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. Answers to essay questions must be typed. 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 2, 2019**. 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 F. John Bargoote, MD Memorial Scholarship

Application Deadline: April 1, 2019

*Boston North Cancer Association, Inc. restricts funding to scholarship applicants who resided in and completed high school in one of the communities in Essex County, Massachusetts.

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?

III. Reference:

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

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 mail completed applications to:

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

Applicant Signature _____ Date _____