

## *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 father, husband, son, brother, and soldier. 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 help aid student(s) who have a parent battling a primary brain tumor or student(s) who have lost a parent to a primary brain tumor. The tumor must have originated in the brain.

### **Applicants must meet the following criteria:**

1. Must have a parent battling a primary brain tumor or have a parent who has passed away as a result of a primary brain tumor. The tumor must have originated in the brain.
2. Must be accepted as a full time enrollee at an accredited 2 or 4-year college or university.
3. Must be eligible to receive the scholarship for at least 2 terms (Spring 2015, Summer 2015 or Fall 2015).
4. Must show proof of good standing with a 2.5 GPA or better.
5. Must be between the ages of 18 to 23 years old.

Student essays, grades, letters of recommendation, and financial need will be considered when awarding this scholarship.

The George Bartol 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:** Please fill out the attached application and related documents. **Each applicant must submit 6 individual packets with their name on each page.** We ask that 6 packets be submitted because we have people in 6 cities across the USA who serve on our selection committee. Please make sure each page of your application packet includes your name.

Students who are currently in high school should wait to apply until they have entered their selected college or university.

Keep a copy of your submission for future reference and mail the completed application to:

George Bartol Memorial Scholarship Fund  
c/o Heather Bartol Shields  
3007 Cullen Lake Shore Drive  
Belle Isle, FL 32812

**Student Essays:** Please complete the following essays on separate pages. Be sure to type your name on each page. **Each essay question should be at least 250 words.**

Essay #1: Please tell us more about your parent who is currently battling a primary brain tumor or your parent who has lost their battle. Please include your parent's name, age, type of brain tumor, date of diagnosis, and the date they passed away, if applicable.

Essay #2: What are your academic and professional goals? What do you dream of doing in the future? Describe how your volunteer work, awards, extracurricular activities, hobbies etc. can help you achieve these goals.

Essay #3: Please describe your current financial status and how your parent's medical condition has increased your financial need for this scholarship.

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

**Academic Performance:** Provide a copy of your most recent high school or college transcripts 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 each application packet.

**Scholarship Selection:** The scholarship recipient will be selected by the George Bartol Memorial Scholarship Fund Scholarship 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. Please keep in mind close attention is paid to the essay questions so please spend quality time in this area.

Scholarships will be awarded by December 19, 2014 for the January 2015 term. We will make every effort to notify the scholarship recipients by December 19, 2014. Students who are offered a scholarship must accept or reject the scholarship in writing within 10 days of receiving notification they have been offered the scholarship. Failure to do so will result in the loss of the scholarship.

For more information, please contact George Bartol's daughters:

Kari Bartol Romano Specializedrehab@gmail.com

Heather Bartol Shields Livebait3@gmail.com

**Please submit 6 application packets for the scholarship committee to review.** Each application packet will include the application form, essay questions, 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 scholarship money, the George Bartol Memorial Scholarship will ask that the money be returned by the college or university.
- ☐ The scholarship is valid for \$1,000 per semester for a total of \$3,000 per year. These calculations are based on full time enrollment.
- ☐ 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.
- ☐ If the student elects not to attend classes for the Summer 2015 term, they will only be awarded \$1,000 worth of scholarship funds for the Spring 2015 and \$1,000 for the Fall 2015 term.
- ☐ The student must maintain a 2.5 GPA each term or quarter in order to maintain the scholarship.
- ☐ The student must provide a copy of their grades within 10 days of receipt after each term they are receiving scholarship money. Failure to do so will result in a delay in the funds being dispersed to the college or university.
- ☐ Current scholarship winners can reapply for this scholarship on a yearly basis; however, there is no guarantee the same student will be selected to receive future scholarship money.
- ☐ This scholarship is valid from January 2015 to December 2015.
- ☐ The scholarship recipient will be selected by December 19, 2014.
- ☐ **Applications are due by October 1, 2014. LATE SUBMISSIONS WILL NOT BE ACCEPTED!**

# *George Bartol Memorial Scholarship Fund*

## **Student Information:**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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: \_\_\_\_\_

**Personal Reference Information:**

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

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

**Student's Educational Information:**

School Currently Attending: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Including books and tuition, what does your school cost per year? \_\_\_\_\_

How much money will you be receiving in grants and scholarships for the 2014- 2015 school year?

\$\_\_\_\_\_ Grants \$\_\_\_\_\_ Scholarships \$\_\_\_\_\_ Total

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

Expected Graduation Date: \_\_\_\_\_

Signature: \_\_\_\_\_

By applying for this scholarship, students agree to give the George Bartol Memorial Scholarship Fund permission to use the student's name, pictures of themselves and family members, 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 and true 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 to contact my parent's medical provider to verify that my parent is/was being treated for a primary brain tumor for the purpose of this scholarship.

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Applicant Signature & Date

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Parent or Guardian Signature & Date