January 22, 2020

Dear Guidance Counselor:

Breast Cancer Support Services is offering three scholarships in loving memory of Dorothy Klausing Bentley, entitled the Dorothy Klausing Bentley Memorial Scholarship. Dorothy was a resident of Berks County and an active member and supporter of Breast Cancer Support Services.

Breast Cancer Support Services of Berks County is proud to honor the memory of Dorothy Klausing Bentley. Breast Cancer Support Services is offering three $500 scholarships to a direct relative of a breast cancer survivor to attend a two year, four year or graduate school program.

The recipient(s) of the scholarship must demonstrate a financial need. Potential recipients must meet the following criteria:

1. Applicants must be in good academic standing.
2. Applicants must be residents of Berks County and planning to attend a 2 year or 4 year college or graduate school program.
3. Applicant must be a direct relative of a breast cancer survivor.
4. Applicant must demonstrate financial need.
5. Applications must be accompanied by a transcript and scholarship evaluation.
6. No application will be considered unless complete (applicant information form, essay form, scholarship evaluation form, transcript and appropriate signatures).

Completed applications must be postmarked by March 31, 2020.

Applications can also be found on our website: www.bcssberks.org.

Questions regarding the scholarships can be directed to Kathy Kolb, Breast Cancer Support Services of Berks at 610-478-1447 or e-mail: director@bcssberks.org.

Sincerely,

Kathy Kolb, Executive Director
SCHOLARSHIP GUIDELINES

1. Applicant must be in good academic standing.

2. Applicant must be a resident of Berks County and planning to attend a 2 or 4 year college or graduate school.

3. Applicant must be a direct relative of a Breast Cancer Survivor.

4. Applicant must demonstrate financial need.

5. Applications must be complete and include:
   - Applicant Information Form
   - Applicant Essay
   - Scholarship Evaluation Form completed by an Administrator, Teacher, Employer, Community Service Supervisor, etc.
   - Transcript

4. Incomplete applications will not be considered.

5. No applications will be accepted after the deadline of March 31, 2020. Applications postmarked on March 31, 2020 and earlier will be accepted when delivered by the post office.

6. Scholarship recipients will receive notification of their award in May 2020.

Please send all completed materials to Breast Cancer Support Services at the address listed below.

Kathy Kolb, Executive Director
Breast Cancer Support Services
529 Reading Avenue, Suite C
West Reading, PA 19611
Telephone: 610-478-1447
E-Mail: director@bcssberks.org
APPLICANT INFORMATION FORM

Name: 

Street Address: 

City, State & Zip Code: 

Phone: __________________ E-mail Address: __________________

High School Attended: __________________

Current GPA: __________________

Post-Secondary Education Information

Educational Institution you will be attending: __________________

Intended major: __________________

Awards and Scholarships (List any awards/scholarships you have already received or anticipate receiving.) __________________

School Activity Involvement (List any school clubs, sports, musical activities, etc.) __________________

Community Involvement (List any community organizations you are involved with, i.e. church, nonprofit organizations, etc.) __________________
ESSAY APPLICATION FORM

Write an essay addressing the following topic:

"How has a family member's Breast Cancer diagnosis changed/impacted your life including financially, emotionally, spiritually, etc? How can this scholarship make a difference for you?"

Submit your essay on a separate sheet of paper. The essay must be typed double spaced.

* Please be sure to sign, date and submit this form with your essay.

Signature of applicant: ____________________________________________

Signature of parent or guardian (if applicable): _________________________

Date: _____________________________
SCHOLARSHIP EVALUATION

To be completed by an Administrator, Teacher, Employer, Community Service Supervisor, etc.

Name of Applicant: ____________________________

**Motivation:**
Please state your opinion of the student’s motivation. Is this person a strong, independent decision maker or does the student possess an average to casual desire to achieve his/her goals?

Comments: ____________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Character:**
Please describe this student’s character, personality, and/or other strengths he/she exhibits in school, the community or at home.

Comments: ____________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Work Ethic:**
State the level of diligence set forth by this student to achieve his/her goals. Does the student work at capacity for present grades, work well but has the ability to perform better, or is the student inclined to just “get by?”

Comments: ____________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SCHOLARSHIP EVALUATION – Continued

Please share any additional comments that are relevant to this applicant:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Overall Recommendation for Scholarship:

1) Highest recommendation
2) Very strong recommendation
3) Strong recommendation
4) Would not recommend

Date: ______________________________

Signed: ___________________________

Institution: _______________________

Position: _________________________

* This two page student evaluation is to be placed in a sealed envelope and given to the applicant to submit with his/her scholarship application. It may also be e-mailed to director@bcssberks.org.