



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

Tammy Dahms
Nancy Fonseca
Dorraine Holbert
Debbie Lessie
Vice President
Amber Mancebo
Georgette Dukes AcAllister
Kimberly A. Musko
Kasey O'Neill-Bowers
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President
EXECUTIVE DIRECTOR
Kathy Kolb

*The Dorothy Klausing Bentley Scholarship Fund
for Breast Cancer Support Services of Berks County*

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

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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.)

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ESSAY APPLICATION FORM

Write an essay addressing the following topic:

“How has a family members 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: _____

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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: _____

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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.**