Boston North Cancer Association
Hope Begins Here Scholarship
Application Deadline: April 1, 2017

The *Hope Begins Here* Scholarship of $3,500 will be awarded to one college-bound North Shore high school senior whose parent has passed away from cancer, survived cancer during the applicant's childhood years, or is currently undergoing treatment for cancer. Boston North Cancer Association's Scholarship Program helps promising North Shore students overcome the challenges and hardships posed by cancer so they may achieve their dreams of higher education.

The Hope Begins Here Scholarship will be awarded in 2017 in honor of Dr. Noel P. DeFelippo of Urology Consultants of the North Shore, Inc. and MGH – North Shore, recipient of the 2017 Boston North Cancer Association's *Hope Begins Here* Award.

As a non-profit organization, Boston North 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 April1 will be accepted. Late or incomplete applications will not be considered.

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 ensure application is complete and includes all components in whatever format application is sent. Boston North Cancer Association restricts funding to applicants who reside and complete high school in one of the following communities:

> Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Lynnfield, Manchester-by-the-Sea, Marblehead, Middleton, Nahant, Newbury, Newburyport, Peabody, Rockport, Rowley, Salem, Salisbury, Saugus, Swampscott, Topsfield and Wenham.

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 or visit 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 _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Name of High School _____

High School Address _____

City _____ State _____ Zip _____

Phone _____

Anticipated Date of High School Graduation: _____ Cumulative High School GPA: _____

Colleges/Universities Where Applied (please indicate application status as Accepted, Rejected, Wait-Listed, or Awaiting Response):

_____

_____

_____

Intended Major: _____

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

_____

_____

_____

_____

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

_____

_____

Are You Eligible for Financial Aid? Please check one: _____Yes _____No

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

1. How has cancer played a role in your life and in your goals for the future?
2. Who or what inspired you to pursue a college degree? If you have declared your major, please indicate who or what inspired your choice of major as well.
3. To what college expenses will you allocate a scholarship award from Boston North Cancer Association (tuition, books, other)? Please explain.

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III. References: Please list two references and include their typed and signed letters 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 _____

Reference #2

Name _____

Position _____

Organization/Business _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Relationship to Applicant _____

IV. Physician Letter: Please include a signed letter from a physician on official letterhead verifying that your parent has had a past or present cancer diagnosis.

V. 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)

___ Two Letters of Recommendation

___ Official Signed Copy of High School Transcript

___ Signed Letter from Physician

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The postmark deadline is April 1. Late or incomplete applications will not be accepted.
Please complete applications and email to info@bostonnortcancer.org or mail to:

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Attn: Scholarship Committee
P.O. Box 3153
Peabody, MA 01960