

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 soldier, father, husband, son and brother. 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 aid a child who has lost a biological parent to brain cancer or a child who has a biological parent battling brain cancer. Children of Vietnam Veterans who have not been awarded VA Chapter 35 benefits are strongly encouraged to apply.

Application Process:

Applicants must meet the following criteria:

1. Must have lost a biological mother or father to any form of brain cancer or have a biological mother or father who has been diagnosed with brain cancer.
2. Must be a full time, degree seeking student at an accredited 2 or 4-year college or university.
3. Must show proof of good standing with a 2.5 GPA or better.
4. Must be between the ages of 18 to 23.

Student essays, grades, letters of recommendations, and financial need will all be considered in the awarding of this scholarship.

The George Bartol Memorial 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

Fill out the attached application completely with all attachments requested. Please collate all submissions into 5 individual packets. Please make sure each page of your application packet includes your name. Keep a copy of your submission for future reference and mail the completed application to:

George Bartol Memorial Scholarship Fund
C/O Heather M. Bartol
4863 Riverton Drive
Orlando, Florida 32817

Scholarship Application:

All applicants must complete all parts of the application form.

Student Essays:

Please complete the following 5 essays on separate pages. Be sure to type your name on each.

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

Essay # 2: How will this scholarship affect you and your family?

Essay # 3: How has cancer impacted your life?

Essay # 4: What was your biggest adjustment since your parent's battle with brain cancer began?

Essay # 5: What have you learned from this experience and how might you help others as a result?

Letter of Recommendation:

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

Academic Performance:

Provide a copy of your most recent high school or current college transcript 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 your application packet.

Scholarship Selection:

The scholarship recipient will be selected by the George Bartol Memorial Scholarship Fund 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.

Scholarships will be awarded by December 2005 for the January 2006 term. We will make every effort to notify scholarship recipients by December 1, 2005. Students must accept or reject their scholarship in writing within 10 days of receiving notification they have been awarded the scholarship. Failure to do so will result in loss of this scholarship.

Additional Information:

For more information, contact any of the following family members:

- Kari Bartol 407.718.7601
- Heather Bartol 407.382.5982
- Brandy Bartol 850.926.1999

The student will need to submit 5 application packets for the scholarship committee. Each application packet will include the student's application form, essays, 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 the scholarship, the George Bartol Memorial Scholarship will ask that the money be returned to the scholarship fund by the college or university the student is attending.
- The scholarship is valid for \$1,000 per semester for a total of \$3,000 per year.
- 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.
- The student must maintain at least a 2.5 GPA each term or quarter in order to maintain the scholarship.

- The student must provide a copy of their grades to the George Bartol Memorial Scholarship Fund within 10 days of receipt each semester or term the student is being sponsored by the George Bartol Memorial Scholarship Fund. Failure to do so will result in a delay in funds being dispersed to the college or university.
- The student can reapply for this scholarship on a yearly basis. There is no guarantee the same student will be selected each year to receive this scholarship. The scholarship will be valid from January to December.
- The scholarship recipient will be selected by December 1 each year.
- Applications are due by October 1, 2005.

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APPLICATION FORM

Student Information:

Full Name: _____
Street Address: _____
City, State & Zip: _____

Phone Number: _____

Social Security Number: _____
Date of Birth: _____
Gender: Male / Female
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: _____

Name: _____
Age: _____

Personal Reference Information:

Name: _____
Street Address: _____
City, State & Zip Code _____

Phone Number: _____
Relationship to applicant: _____

Student’s Educational Information:

School Currently Attending: _____
Street Address: _____
City, State & Zip Code: _____

Phone Number: _____

Intended Major: _____
What would you like to do with your degree? _____

Expected Graduation Date: _____
Honors: _____
Extracurricular Activities: _____
Offices Held: _____

Signature

By applying for this scholarship, students agree to give the George Bartol Memorial Scholarship Fund permission to use the student’s name, pictures provided, 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, true, and complete 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.

_____ Applicant Signature	_____ Print Name	_____ Date
_____ Parent or Guardian Signature	_____ Print Name	_____ Date