



# Paul Bernot Memorial Foundation Scholarship Application

**Application due date: May 15, 2020**

## **Overview**

1. **The award is a \$3,000 scholarship for one year**, (\$1500 per semester paid at the beginning of each semester, provided the student is in good academic standing at the beginning of the semester) payable directly to the institution where the student is enrolled for the Fall 2020 semester.
2. DEADLINE for scholarship applications is *May 15, 2020*
3. Refer to application process below for a list of the supporting documents needed (i.e., recommendation letter, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or mail in June regarding the status of your application.
6. If you have any questions about the application, contact us by email at [foundation@paulbernot.org](mailto:foundation@paulbernot.org)

## **Purpose**

The Paul Bernot Memorial Foundation Scholarship was established in 2018 in memory of Paul Bernot. The mission of the scholarship is to provide financial assistance to a student with a passion for fitness/athletics who is a legal resident of the United States of America, is pursuing post high school education, and who is currently or has previously been diagnosed/treated for cancer.

## **Scholarship Award Evaluation**

The Paul Bernot Memorial Foundation awards scholarships based on a complete review of the applicant's merits. Areas that are reviewed by the committee include (but are not limited to) the following: *Academic Accomplishments, Community Service, Recommendation letter, and Personal Essay. Scholarship funds are paid directly to the institution where the student is enrolled. Signed proof of current or prior diagnosis/treatment is required.*

## **Applicant Criteria**

- Applicants must submit Physician Verification form for proof of current or prior diagnosis/treatment for cancer.
- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale.

- Applicants must be accepted and enrolled as a student in at least 2 classes (typically 6 credit hours) at an accredited college, university, or trade school in the United States for the fall 2020 academic semester.
- Applicants must complete and submit a Scholarship Application in full, postmarked by Friday, May 15, 2020.
- Applicants must complete an essay (up to 500 words): “How I will represent and carry out the mission of the Foundation: to empower athletes impacted by cancer to pursue their passions.”

### **Timeline**

- Applications are due **May 15, 2020**.
- Applicants will be notified if awarded a scholarship by June 30, 2020.

### **Application Checklist**

- Completed application form.
- Official high school transcript in a sealed envelope from the institution.
- A maximum 500 word essay.
- Proof of enrollment at college, university, trade school for Fall 2020 semester
- Signed proof of diagnosis/treatment from physician.
- Recommendation letter from a teacher, counselor, coach, youth leader, etc

### **Application Materials Submission**

Via mail:  
Paul Bernot Memorial Foundation Scholarship  
4430 Tipperary Place  
Winston-Salem, NC 27104

OR

Via email (scanned or electronic versions):  
foundation@paulbernot.org

**Application 2020-must be filled out by the applicant (unless assistance is needed secondary to disability).**

*Please type or print your answers below. A separate sheet may be used if needed. If application is illegible it will be returned to you.*

1.	Last Name:	First Name:
2.	<i>Mailing Address</i>	
	Street:	
	City:	
3.	Daytime telephone number:	
	Email address (that you will have access to during the summer):	
4.	Current School:	
	High School Graduation Date:	
5.	I will be attending the following school in Fall 2020:	
6.	Grade point average (GPA), on a 4.0 scale:	
	*Attach proof of GPA; your most recent <b>official</b> school transcript required.	
7.	<i>If under the age of 18, Name &amp; Address of parent(s) or legal guardian(s)</i>	
	Names:	
	Street:	
	City:	State:          Zip:

8.	What specialty/major do you plan to pursue as you continue your education?	
9.	Are you willing to allow the Paul Bernot Memorial Foundation to share your story to further our mission? (Saying "No" will not preclude you from being awarded the scholarship.)	
<i>Please list the following information on a separate sheet if needed</i>		
10	<b>SCHOOL EXTRA-CURRICULAR ACTIVITIES:</b> Please list <u>school</u> extra-curricular activities in which you have participated. Note leadership roles and dates.	
11	<b>ORGANIZATIONS:</b> Please list <u>community</u> organizations such as service, volunteer, sports, and religious organizations in which you are now active or have previously been active. Note leadership roles and dates	
12	<b>RECOGNITIONS:</b> Please list important awards and/or recognitions received. Note the organizations that presented the honor and the date.	
13	<b>GOALS:</b> What are your short and long term life goals?	

## STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Paul Bernot Memorial Foundation is true, correct and without forgery.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**The deadline for this application must be Postmarked by May 15, 2020**



**PAUL BERNOT MEMORIAL FOUNDATION**

## Physician Verification Form

\*This form is to be completed by the applicant's oncologist or primary care physician

Dear Physician,

The following applicant has applied for an academic scholarship from the Paul Bernot Memorial Foundation. Your cooperation in verifying the cancer diagnosis of the applicant is greatly appreciated. The applicant does not have to be currently undergoing treatment for cancer, and you do not have to be the physician who treated the patient. This form is to serve as a medical confirmation of a current or prior diagnosis of cancer.

Please complete the form and return it to the applicant. The applicant is responsible for including this form in their application.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact the Paul Bernot Memorial Foundation at [foundation@paulbernot.org](mailto:foundation@paulbernot.org).

Sincerely,  
John Bernot, MD  
President, Paul Bernot Memorial Foundation

**Applicant Name:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Year of Diagnosis:** \_\_\_\_\_

**Hospital/Oncology Practice:** \_\_\_\_\_

**Current Physician's Name:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Phone or email:** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_