

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

SCHOLARSHIP GUIDELINES

1. Applicants 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. Applicants must demonstrate financial need.
5. Applications must be complete and include:
 - Applicant Information Form
 - Applicant Essay
 - The Scholarship Evaluation Form is 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 Friday, March 27, 2026. Applications postmarked on or before March 27, 2026, will be accepted when delivered by the post office.**
6. Scholarship recipients will receive their award notification in May of 2026.

Please send all complete materials to Breast Cancer Support Services at the address given below.

Breast Cancer Support Services
Attn: Michele M. Reinert, Executive Director
529 Reading Avenue, Suite C
West Reading, PA 19611
Telephone: 610-478-1447
E-Mail: ED@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.)

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 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 "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 ED@bcssberks.org.**