The Tracey Gamer Fanning Memorial Scholarship

"Tracey Gamer-Fanning was an amazing woman who led an incredible life while living with a Brain Tumor. She exemplified what true living should be, and even better, what giving back really means. Tracey loved community and she loved food and we are delighted to announce *The Tracey Gamer Fanning Memorial Scholarship*.

This scholarship will support Connecticut students of all levels who are affected by brain tumors, either directly or through their immediate family, and who desire to expand their knowledge in the community of food. These individuals could be chefs, restaurateurs, farmers, food scientists, food manufacturers, food chemists or entrepreneurs with a clear course of study in the industry. Join us today, plant a seed and grow a new sense of hope in memory of her and for the hope that you just can't stop believin." - *Greg Shimer*

The Connecticut Brain Tumor Alliance, Inc. is pleased to offer the Tracey Gamer Fanning Memorial Scholarship, founded in 2019 by Greg Shimer with generous contributions from family, friends, and community members, to honor the life and legacy of Tracey Gamer-Fanning.

Eligibility: Applicants must meet all of the requirements listed below.

1. Must be a (1) brain tumor survivor or a patient recently diagnosed with a brain tumor or (2) an immediate family member of someone living with a brain tumor.
2. Must desire to pursue a career as a chef, restaurateur, farmer, food scientist, food manufacturer, food chemist or entrepreneur with a clear course of study in the industry and be currently enrolled in an accredited institution or entering in the semester following the award.
3. Must be a Connecticut resident and US citizen.
4. Must have demonstrated financial need.

The CTBTA will begin accepting applications beginning on **Friday, January 31, 2020**.

- Application Deadline: All applications must be postmarked/timestamped by **March 2, 2020**.
- Award Notification Date: Scholarship recipient(s) will be notified by mail beginning **April 17, 2020**.

Checklist: All applications must include the following:

- Complete application forms
- Copy of college transcript or course registration/acceptance letter if you are an incoming freshman
- Resume including list of volunteerism or advocacy on behalf of brain tumor patients and their caregivers
- A typed statement about how your brain tumor journey has shaped, changed, and/or reinforced the principals by which you live your life. Please also comment on how you have used or plan to use your brain tumor experience as a caregiver to positively impact the lives of others.

- Signed Authorization statements
- A brief typed explanation of your current financial situation, how your family's brain tumor experience has increased your financial need, and how you will use the money if awarded.

Submission: Please mail completed application to:

The Tracey Gamer-Fanning Memorial Scholarship
c/o The Connecticut Brain Tumor Alliance, Inc.
P.O. Box 370514
West Hartford, Connecticut 06137

Note: Please do not send applications via certified mail. You may email your application (as an alternative to mailing it) as a PDF file to scholarship@ctbta.org. Please include all sections in one file.

2020 TRACEY GAMER FANNING MEMORIAL SCHOLARSHIP		
SECTION A: PERSONAL INFORMATION		
First Name:	Middle Initial:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email Address:		
Relationship of applicant to family member diagnosed with brain tumor:		
Gender: _____Male _____Female	Date of Birth (mm/dd/yy):	Age:
SECTION B: CURRENT EDUCATION INFORMATION		
Current Grade Level as of Fall 2020:		
School Name:		
School Address:		
City:	State:	Zip Code:
Registrar's Office Phone Number (for verification only):		
Current GPA or High School GPA (for college Freshmen Only):		
Major:	Minor:	
** Please attach a copy of your official transcript		
SECTION C: MEDICAL HISTORY		
Diagnosis:		
Date of Diagnosis:	Age at Diagnosis	
Is your family member currently undergoing treatment? _____Yes _____No		
Name and city of treatment center:		
Medical provider contact information and phone number (for verification only):		
** Please attach Physician Verification form. If a physician's verification is not available, please provide a reference from another professional, such as a school guidance counselor, who will verify your relationship to a family member who has been diagnosed with a brain tumor.		
SECTION D: FINANCIAL NEED		
Please list all total cost of education expenses and sources of financial assistance you will be receiving for the upcoming school year, including other scholarships.		
Total Estimate 2020-2021 Education Costs:		
Financial Aid Package from Schools, Loans & Other Sources:		

2020 TRACEY GAMER FANNING MEMORIAL SCHOLARSHIP	
SECTION E: AUTHORIZATIONS	
PLEASE READ EACH STATEMENT AND SIGN BELOW	
1) I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE. I UNDERSTAND THAT THIS APPLICATION WILL BECOME THE PROPERTY OF THE CONNECTICUT BRAIN TUMOR ALLIANCE. I AGREE THAT MY ESSAY MAY BE REPRINTED IN PART OR IN FULL FOR THE PURPOSES OF EDUCATING, SUPPORTING, AND HELPING OTHERS AFFECTED BY A BRAIN TUMOR. 2) I AUTHORIZE THE REGISTRAR OF MY SCHOOL/COLLEGE/UNIVERSITY TO PROVIDE A REPRESENTATIVE OF THE CONNECTICUT BRAIN TUMOR ALLIANCE WITH INFORMATION REGARDING MY ENROLLMENT STATUS AND VERIFICATION OF MY GPA AND/OR CREDITS EARNED. 3) I HEREBY AUTHORIZE _____ (MEDICAL PROVIDER OR OTHER NAMED PROFESSIONAL LISTED ON THE APPLICATION) TO PROVIDE INFORMATION ABOUT MY FAMILY MEMBER'S MEDICAL CONDITION AND BRAIN TUMOR DIAGNOSIS TO A REPRESENTATIVE OF THE CONNECTICUT BRAIN TUMOR ALLIANCE IN ORDER TO SUPPORT MY SCHOLARSHIP APPLICATION.	
Signature:	Date:
Printed Name:	

PHYSICIAN OR OTHER PROFESSIONAL VERIFICATION FORM	
Please have your family member's physician complete this form and submit it with your application. If a physician's verification is not available, please provide a reference from another professional, such as a school guidance counselor, who will verify your relationship to a family member who has been diagnosed with a brain tumor.	
Dear Doctor or other qualified professional: The following applicant has applied for a Tracey Gamer Fanning Memorial Scholarship. Your cooperation in verifying his/her family member's brain tumor diagnosis is greatly appreciated. Please complete this form and return it to the applicant. The applicant is responsible for including this form in his/her application. Thank you for your assistance in this matter. If you have any questions, please feel free to contact the Connecticut Brain Tumor Alliance at scholarship@ctbta.org. Christopher Cusano Executive Director, Connecticut Brain Tumor Alliance, Inc.	
Applicant's Full Name:	
Family Member's Diagnosis:	
Date of Diagnosis:	Age at Diagnosis:
Hospital/Neurology Practice or Relevant Professional Practice/School	
Physician's/Professional's Name:	
Address:	
Phone	
Physician's/Professional's Signature:	Date: