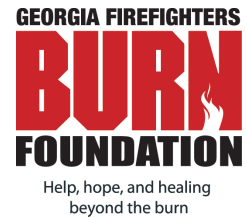


# Georgia Firefighters Burn Foundation

## John, Lynne and Nicole Belli Memorial Endowment Scholarship Fund

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The John, Lynne and Nicole Belli Memorial Endowment Scholarship Fund is made possible by the generosity of the Belli family, who experienced the tragic loss of their son, daughter-in-law and granddaughter in a horrible automobile accident in Atlanta on January 26<sup>th</sup>, 2001. Lynne Belli and 15-month old, Nicole, died instantly as their vehicle burst into flames. John Belli, who was driving, held on for 11 days with burns over 75 percent of his body before succumbing to his injuries. John's parent's, Roy and Sara Belli, through their generosity and commitment to help burn survivors in need, have provided a one million dollar endowment to the Georgia Firefighters Burn Foundation (GFBF) to provide both educational and psychosocial assistance to individuals who have experienced a burn injury. Their benevolence provides hope, encouragement, and opportunity to burn survivors throughout Georgia. The GFBF recognizes the value of this generous gift to help fulfill our mission to partner with the fire service and burn care community to provide fire safety and prevention education, support medical facilities and assist burn survivors in their recovery.

### Scholarship Guidelines

The John, Lynne and Nicole Belli Endowment Memorial Scholarship Fund provides assistance for students who are planning to attend or who are currently attending accredited universities, colleges, and vocational/technical colleges. Scholarships in the amount of \$2,500 are awarded based upon personal achievement and character. Scholarships are renewable annually for a maximum amount of \$10,000 that must be used within 6 years of the award date as long as the recipient remains in good standing and/or school standards are satisfactorily met. The decision of the Scholarship Committee, as approved by the Georgia Firefighters Burn Foundation's Board of Directors, is final. Applicants not selected as scholarship recipients are encouraged to apply the following application period.

Disbursements will be made directly to the recipient's qualified institution of higher learning and must be used by the end of the academic year in which the scholarship was awarded. Scholarship funds may be used exclusively for tuition at post-secondary educational institutions that normally maintain a regular faculty and curriculum, as described by the Internal Revenue Code 170. Scholarship funds may be used for the payment for either (i) tuition and fees required for enrollment or attendance at an eligible educational institution, (ii) fees, books, supplies or equipment required for courses of instruction and/or for room and board expense payable to the institution. For this purpose an eligible educational institution is a school offering higher education beyond high school. It is any college, university, vocational school, or other post-secondary educational institution eligible to participate in a student aid program run by the U.S. Department of Education.

1. The payment is a **"Qualified Scholarship"**

The "Qualified Scholarship" Requirement: An amount will be treated as a "qualified scholarship" if it is a payment for either (i) tuition and fees required for enrollment or attendance at the educational institution, or (ii) fees, books, supplies or equipment required for courses of instruction. Note that the fees, books, and other non-tuition items must be "required" for either enrollment or a course of instruction. Voluntary fees and "suggested" books and supplies do not qualify.

2. The recipient is a **"Candidate for a Degree"**

The "Candidate for a Degree" Requirement: The definition of a "candidate for a degree" is broader than one might initially expect. It includes, of course, those individuals who are actually enrolled in a degree-seeking program, but also covers enrolled students who are not actually seeking a degree, as long as the educational institution that the person attends offers degrees and is properly accredited.

3. The award is for the purpose of conducting study or research at an **"Educational Organization"**

The "Educational Organization" Requirement: The "educational organization" test is easily met in most instances because it simply requires that the institution have a faculty, a curriculum, and a regularly enrolled body of students.

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**Applicants must meet the following criteria to be eligible:**

1. Applicant must have experienced a burn injury that can be documented by an authorized medical professional (i.e. Doctor, Charge Nurse, Medical Social Worker, etc.).
2. Applicant must be a legal Georgia resident for at least one year or been treated at either the Grady Burn Center in Atlanta or the JM Still Burn Center in Augusta.
3. Applicant must be between the ages of 16 and 26 and must currently be a high school senior, have earned a GED or high school diploma, or currently be enrolled in a university, college, or vocational/ technical college.
4. Applicant must be accepted to an accredited university, college, or vocational/technical college.
5. Applicant must be working towards a degree/certificate at the accredited university, college, or vocational/technical college.
6. Applicant must be in good standing and/or school standards are satisfactorily met at the institution of enrollment for annual scholarship renewal.

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**Applicants should submit a completed application form, along with the following items:**

**For current High School students:**

1. An official high school transcript (to include credits and GPA) sent directly from the institution; or an official copy of GED, if applicable.
2. A copy of the acceptance letter/enrollment verification sent to the applicant by the university, college, or vocational/technical college he or she plans to attend.
3. A copy of a current invoice/billing statement from the applicant's university, college, or vocational/technical college.

**For current University, College, or Vocational/Technical College students:**

1. An official transcript (to include credits and GPA) from the institution at which the student is currently enrolled, sent directly by the institution.
2. A copy of a current invoice/billing statement from the applicant's university, college, or vocational/technical college.

**For applicants currently not attending High School or University, College, or Vocational/Technical College:**

1. An official high school transcript (to include credits and GPA) sent directly from the institution; or an official copy of GED, if applicable.

2. An official transcript (to include credits and GPA) from any university, college, or vocational/technical college the applicant has previously attended, sent directly by the institution, if applicable.
3. A copy of the acceptance letter/enrollment verification sent to the applicant by the university, college, or vocational/ technical college he or she plans to attend.
4. A copy of a current invoice/billing statement from the applicant's university, college, or vocational/technical college.

**For ALL applicants:**

1. At least two letters of recommendation that support the applicant's scholarship, work ethic, character, work/volunteer experience, citizenship, leadership, etc. (Recommendation letters may be from school staff, counselors, administrators, teachers/professors, employers or community members. Letters may **not** be from family members. Recommendation letters must be received directly from the individual submitting the recommendation.)
2. Verification of burn injury. Applicant can provide a letter from an authorized medical professional (i.e. Doctor, Charge Nurse, Medical Social Worker, etc.) on letterhead verifying the burn injury or use the "Verification of Burn Injury" form at the end of the application.  
**Please do not submit complete medical record.**
3. Required essay (described below).

**Essay**

- Applicants must submit **one essay addressing each of the questions** listed below.
  1. How has your burn injury influenced and impacted your life and who you are today?
  2. How will you benefit from your university, college, or vocational/technical college education and how will it contribute to your life after graduation?
  3. Why do you think you are a deserving scholarship recipient?
- Essay must be typed/word-processed, be in 12-point Times New Roman or Courier font and must have one-inch margins.
- Essay is not to exceed two (2) typed, double spaced pages.

**APPLICATION DEADLINE:** Scholarship application and all supplemental application materials (transcripts, letters of recommendation, etc.) are due by the **end of business on March 24, 2017 (Spring Application) or September 22, 2017 (Fall Application).**

***\*\*applications received after the deadline will be considered  
for the following application period\*\****

**Notifications will go out on or before April 28, 2017 for Spring applications and  
on or before October 27, 2017 for Fall applications.**

**Scholarship recipients will be recognized on the GFBF website.**

Please send completed application and all supplemental attachments to:

**Georgia Firefighters Burn Foundation  
John, Lynne and Nicole Belli Memorial Endowment Scholarship Committee  
2575 Chantilly Drive  
Atlanta, GA 30324**

For questions, please contact GFBF Programs Director, Dana Dillard,  
at (404)320-6223 or [ddillard@gfbf.org](mailto:ddillard@gfbf.org)

**Please Note: All application materials must be received for the application  
to be considered for review.**

**PLEASE SEND IN THE MATERIALS THAT YOU ARE  
RESPONSIBLE FOR PROVIDING AT ONE TIME VIA EMAIL OR POSTAL MAIL.**

**Application Checklist**

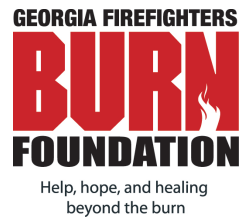
- ☐ Completed application form
- ☐ One (1) Essay
- ☐ Two (2) letters of Recommendation\*\*
- ☐ Official High School Transcript or Official copy of GED\*\* (if applicable)
- ☐ Official University, College, Vocational, or Technical College Transcript\*\* (if applicable)
- ☐ Invoice/Billing Statement from University, College, or Technical College
- ☐ Copy of Acceptance Letter/Enrollment Verification from University, College, or Vocational, or Technical College (if applicable)
- ☐ Verification of burn injury

**\*\*These items must be sent directly from the institution or individual writing the letter.**

# Georgia Firefighters Burn Foundation

## John, Lynne and Nicole Belli Memorial Endowment

### Scholarship Fund Application



Please complete the entire application. Type or print clearly. Neatness counts!

#### PERSONAL INFORMATION

First Name

Middle Name

Last Name

Other name(s) under which you may have records

Student ID Number

Date of Birth (Month/Day/Year)

Date of Burn Injury

Name of Medical Facility Where Treated

Street Address

City

State

Zip Code

Home Telephone

Work Telephone (if applicable)

Cell/Alternate Telephone

Email Address

Gender:

- ☐ Male  
☐ Female

**\*\*Marital Status (optional):**

- ☐ Single  
☐ Married  
☐ Divorced  
☐ Widowed

**\*\*Race/Ethnic Origin (optional):**

- ☐ African-American  
☐ Asian  
☐ Caucasian  
☐ Hispanic  
☐ Native American  
☐ Other: \_\_\_\_\_

**\*\*Optional (This information is for statistical purposes only)**

## HIGH SCHOOL EDUCATION INFORMATION

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Do you have a high school diploma or GED?

- ☐ Yes  
☐ No  
☐ Expected (date:\_\_\_\_\_)

Are you currently in High School?

- ☐ Yes (Grade level:\_\_\_\_\_)  
☐ No\*\*

\*\*If no skip to SECONDARY EDUCATION INFORMATION

Cumulative High School GPA:\_\_\_\_\_

Please list any academic honors you have received:

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Please provide the following information:

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name of Contact Person

***(Please submit a High School transcript sent directly by the Institution, if applicable)***

## SECONDARY EDUCATION INFORMATION

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Name of University, College, or Vocational/Technical College Previously Attended (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**(Please submit a University, College, Vocational, or Technical College transcript sent directly by the Institution, if applicable)**

Name Educational Institution to Receive Scholarship Payment \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_

Estimated cost for completion: \_\_\_\_\_

Total scholarship amount applying for: \_\_\_\_\_

Are you currently attending this Institution?

☐ Yes

☐ No

If yes, how long have you been attending this Institution? \_\_\_\_\_

**(Please submit current transcript sent directly by Institution along with a recent copy of an invoice/billing statement)**

Cumulative University/College/Vocational/Technical College GPA: \_\_\_\_\_

If no, have you been accepted to attend this Institution? \_\_\_\_\_

**(Please submit acceptance letter/enrollment verification along with application)**

## COMMUNITY INVOLVMENT/LEADERSHIP/EMPLOYMENT/VOLUNTEERISM

Are you currently employed?

- ☐ Yes  
☐ No

If yes, please provide the following:

Name of Employer

Job Title/Position

Street Address

City

State

Zip Code

Telephone

Dates of Employment

Are you currently involved in a school work-study program?

- ☐ Yes  
☐ No

Please list any other employment (work study included) within the past five (5) years and please indicate if you were actively attending school during the period of employment specified: *(attach additional sheets if necessary)*

Employer

Job Title/Position

Dates of Employment

In school (Y/N)

Please describe any volunteer work or service experience you have done in the past five (5) years. Please describe the nature of the experience and the dates which you volunteered. *(Attach additional sheets if necessary)*

Please list any involvement in school or community organizations you have had in the past five (5) years. Please describe in detail the nature and dates of your involvement as well as if you held any leadership positions during your experience. *(Attach additional sheets if necessary)*

## GFBF INVOLVEMENT

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If applicable, please describe any previous involvement you have had with the Georgia Firefighters Burn Foundation either volunteering or as a recipient of programs/services: *(Attach additional sheets if necessary)*

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## RELEASES AND SIGNATURE

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I, \_\_\_\_\_, affirm the following:  
(Print Your Full Name)

- I have read the John, Lynne and Nicole Belli Endowment Memorial Endowment Scholarship Fund Guidelines and hereby apply for a scholarship through this program. I affirm that all of the information I have provided is true.
- I authorize the GFBF to request and receive additional information regarding my enrollment status at both my high school and the institution where I will use the scholarship.
- In the event of a refund by the educational institution and the refund relates to any of the monies paid on behalf of the scholarship applicant by the Foundation, I agree to return this refund to the Foundation with a personal check/money order within thirty (30) days of receiving the refund.
- If I withdraw from the institution for which I will use the scholarship, I will inform the GFBF in writing within thirty (30) days.
- I give the GFBF permission to use my name, photograph, plan of study and the name of the institution I will be attending publicly in order to promote the mission of the GFBF and the John, Lynne and Nicole Belli Memorial Endowment Scholarship Program.
- Specific permission will be requested by the GFBF to use my essay for similar purposes.
- I will keep the GFBF informed of any changes in my contact information as well as my graduation date, my post-graduate employment/education plans and how the Belli Memorial Endowment Scholarship has benefited my life.
- I understand that the GFBF does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, sexual orientation, age, religion, disability, veteran's status or national origin in its programs or activities.

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Printed Name of Applicant

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Signature of applicant

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Printed Name of Parent/Guardian if minor

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Signature of Parent/Guardian

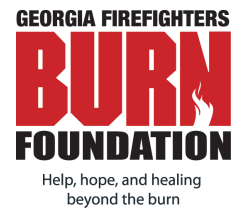
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Date

# Georgia Firefighters Burn Foundation

## John, Lynne and Nicole Belli Memorial Endowment

### Verification of Burn Injury Form



Patient First Name

Patient Middle Name

Patient Last Name

Date of Birth (Month/Day/Year)

Name of Hospital Where Treatment Received

Name of Attending Physician

Date of Admission

Discharge Date

***I certify that I am an authorized representative/employee of the above named medical institution and confirm that the patient information above is true and accurate to the best of my knowledge.***

Authorized Medical Professional Printed Name

Authorized Medical Professional Signature

Date

Job Title/Position

Street Address

City

State

Zip Code

Telephone

Alternate Telephone

Email