



**NANTUCKET
COTTAGE HOSPITAL**
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

Beinecke Scholarship Fund – 2017-2018

Income generated from the Beinecke Scholarship Fund will be used to provide medically related educational opportunities for residents of Nantucket and employees and medical staff members of Nantucket Cottage Hospital to pursue health education that could benefit the hospital.

Individuals receiving assistance from the Fund will not be obligated to employment with the hospital or repayment if they choose not to return to Nantucket.

The amount of scholarship money available for a given fiscal year will be 6% of the total fund corpus allocated as follows:

- Community scholarships up to 80%
- Hospital employees 20%

The Committee will attempt to distribute available funds as equitably as possible within the stated percentages. No individual award shall exceed \$4,000.00 in one calendar year. The duration of need will be considered in making the award.

Funds may be used for all appropriate educational expenses including, but not limited to, tuition and fees, books, travel and lodging and related expenses at the discretion of the Committee.

Recipients of scholarships must submit a new request for funds each year of the educational program. Generally these funds will be renewed depending upon academic performance and continuing demonstration of financial need. An annual special award, outside the stated individual limit, may be made at the discretion of the Committee. This award carried no guarantee that it will be repeated beyond one year.

PROCEDURE

Awards may be made by the Scholarship Committee upon receipt of all of the following:

1. **Application** form – completed, signed and dated.
2. **Cover letter** describing academic accomplishments, work accomplishments and career goals, addressing one or more of the following criteria: financial need, demonstrated academic excellence, work or volunteer duties at the hospital, relevance of the education to the healthcare field and, in the case of hospital employees, relevance to the training and service needs of the Hospital and appropriateness to the applicant's position.
3. **Two (2) recent confidential references**, from a direct supervisor or faculty member, and a personal reference from a non family member. (Must be signed and dated within the past year). (See Reference Form that can be used in lieu of a letter.) If faxed or emailed, hard copy with original signature must follow.
4. Copy of **transcripts** from the last most recent academic session.
5. **Proof of Nantucket Residency** may be requested.

Please Note: Only a **complete** application (including **all** the information listed above) will be eligible for consideration. Send all required materials *by overnight delivery if need be* to ensure receipt by deadline of 5:00 pm Monday May 1, 2017.

Incomplete applications, non-medically healthcare related applications and applications received after 5:00 pm Monday, May 1, 2017 will not be accepted for consideration.

For an applications, questions or further information, please call the President's Office at Nantucket Cottage Hospital at (508) 825-8200 , by email to lgillies@partners.org, or you can visit the hospital website at www.nantuckethospital.org

<p>Nantucket Cottage Hospital Beinecke Scholarship</p>	<p>5/1/2017</p>	<p>Beinecke Scholarship Fund</p> <p>The Beinecke Scholarship Fund at Nantucket Cottage Hospital helps students finance their studies in medical- and health care-related educational and training programs. The fund benefits residents of Nantucket and employees of Nantucket Cottage Hospital according to guidelines and requirements provided in the application form.</p> <p>Criteria for the scholarship focuses on six areas of health care study and training. Nursing is the fund's first priority, followed by radiology and imaging services, laboratory services, pharmaceutical fields, physician and physician's assistant studies, and physical therapy training. No consideration is given to applicants whose desired course of study is outside of the realm of health care or medicine.</p> <p>For further information and applications, which must be received by 5:00 pm on Monday May 1, 2017, please call the Nantucket Cottage Hospital President's office at 508-825-8200, email lgillies@partners.org or visit the Hospital's website at www.nantuckethospital.org.</p>
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**NANTUCKET COTTAGE HOSPITAL
BEINECKE SCHOLARSHIP APPLICATION for 2017 – 2018**

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The Beinecke Scholarship Fund shall be used primarily to provide medically related healthcare educational opportunities for the benefit of Nantucket High School graduates, residents of Nantucket, and employees and medical staff members of Nantucket Cottage Hospital to pursue health education that could benefit the hospital.

Proof of Nantucket residency may be requested.

Non-medically healthcare related applications will not be accepted for consideration.

***Applications received after 5:00 pm Monday May 1, 2017 will not be accepted.**

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____ Date Of Birth: _____

Are you a Nantucket Resident? _____ Number of years you lived or have lived on Nantucket: ___?

Parent/Guardian's Name & and Mailing Address: _____

Parent/Guardian's Phone Number: _____

Marital Status: _____ Number Of Dependents (Including Yourself): _____

High School Graduated From: _____ Year Graduated: _____

Institutions Attended: _____

Degrees Earned: _____ Years Earned: _____

Name and address of college/school to which you have been accepted, and plan to attend or to which you hope to be accepted: _____

Please specify the degree or accreditation you are pursuing: _____

_____ Anticipated Year of completion: _____

ANTICIPATED COSTS

Tuition: _____ Room and Board: _____

Transportation: _____ Books & Lab Fees: _____

Other (Please specify): _____ **Total:** _____

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Please list below any assets you, the student, have in your own name. Include bank accounts, trust funds, education insurance, estimated summer earnings etc.:

NATURE OF ASSET	VALUE

OTHER RESOURCES

How much of your expenses will be paid for by:

A) Parent/Guardian: _____ C) Self: _____

B) Scholarships: _____ D) Loans: _____

What do you plan to do following the completion of your course of studies?

APPLICANT AUTHORIZATION:

I have checked this form for omissions and errors.
To the best of my knowledge, the information reported is complete and correct.

Date: _____ Signature of Applicant: _____

Completed Application due at NCH by 5:00 pm Monday, May 1, 2017.

***Complete Application includes: This application, Cover Letter,
Grade Transcript from your last most recent Academic Session;
Two (2) Recent Letters of Recommendations (dated within the past year).
Proof of Nantucket Residency may be requested.***

Federal Express or Overnight mail to ensure receipt by 5:00 pm Monday, May 1, 2017.

Beinecke Scholarship Committee
Nantucket Cottage Hospital
57 Prospect Street Nantucket MA 02554

For questions, please contact: lgillies@partners.org; 508-825-8200 (Office) 508-825-8133 (Fax)



Beinecke Scholarship Reference Form (can be used in lieu of a letter of recommendation)

Applicant's Name: _____

The above applicant is applying for a healthcare scholarship from the Nantucket Cottage Hospital Beinecke Scholarship Program. In lieu of a reference letter, you are welcome to use this form to discuss this individual with respect to the following areas of interest to the Scholarship Committee (you may use additional paper, if necessary.)

1. The context in which you know this individual.

2. This individual's professional potential (i.e., personal integrity, commitment to the health care field, plans to continue education, etc.)

3. Your recommendation for this scholarship and applicant with any reasons you wish to add.

Name: _____

Title: _____ Date: _____

Signature: _____

All submissions must be received by 5:00 pm Monday May 1, 2017.

If Faxed or emailed, hard copy with original signature must follow. Please send to the attention of:

Lina Gillies, Executive Assistant; Email: lgillies@partners.org; Fax: 508-825-8133

57 Prospect Street Nantucket, MA 02554 Phone 508-825-8100 NantucketHospital.org

Nantucket Cottage Hospital is a member of Partners HealthCare