Beinecke Scholarship Fund – 2018-2019

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 – current, dated and signed, describing recent and/or current academic accomplishments, work accomplishments and career goals, and should address 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.

Proof of Nantucket Residency may be requested.

Please Note: Only a complete application (i.e., all 5 items – application form, cover letter, transcript plus 2 references as 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 Tuesday, May 1, 2018.

Incomplete applications, non-medically healthcare related applications and applications received after 5:00 pm Tuesday, May 1, 2018 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
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 Tuesday, May 1, 2018 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: __________

Schools/University/Colleges/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 pursing: ____________________________

________________________________________________________ Anticipated Year of completion: _______

**ANTICIPATED COSTS**

Tuition: ___________________________ Room and Board: _______________________

Transportation: ______________ Books & Lab Fees: ____________________________

Other (Please specify): ____________________________________________ Total: ___________
Please list below any assets you, the student, have in your own name. Include bank accounts, trust funds, education insurance, estimated summer earnings etc.:

<table>
<thead>
<tr>
<th>NATURE OF ASSET</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER RESOURCES

What percentage 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 Tuesday, May 1, 2018 and must include:

• ___ A signed, dated and completed application
• ___ Cover Letter (current, signed and dated)
• ___ Grade Transcript from your last most recent Academic Session;
• ___ One recent Letter of Recommendations (dated within the past year from a non-family member
• ___ One recent Letter of Recommendations (dated within the past year from a professor or educational advisor)

Federal Express or Overnight mail to ensure receipt by 5:00 pm Tuesday, May 1, 2018.

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
(This 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 Tuesday May 1, 2018.
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