



**NANTUCKET
COTTAGE HOSPITAL**
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

Beinecke Scholarship Fund – 2016-2017

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** (dated within the past year), preferably letters from a direct supervisor or faculty member and a personal reference from a non family member. (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 2, 2016.

Incomplete applications, non-medically healthcare related applications and applications received after 5:00 pm Monday, May 2, 2016 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

**NANTUCKET COTTAGE HOSPITAL
BEINECKE SCHOLARSHIP APPLICATION for 2016 – 2017**

Page 1 of 2

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 2, 2016 will not be accepted.**

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____ Date Of Birth: _____

Place Of Birth: _____ Are you a Nantucket Resident? _____

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

Number of years you lived or have lived on Nantucket: _____?

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:** _____

**NANTUCKET COTTAGE HOSPITAL
BEINECKE SCHOLARSHIP APPLICATION for 2016 – 2017**

Page 2 of 2

Please list below any assets you, the student, have in your own name. Include bank accounts, trust funds, education insurance, 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 2, 2016.

***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 2, 2016. .

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)

