Mass General Brigham
Nantucket Cottage Hospital

Beinecke Scholarship Fund Application & Guidelines for the 2026-27 School Year

Income generated from the Beinecke Scholarship Fund will be used to provide medically related educational opportunities for residents of Nantucket, graduates of Nantucket High School, 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 of the funds received.

Preference will be given to candidates with demonstrated success in pursuing healthcare education and the duration of need will be considered in making the award. No individual award shall exceed $4,000.00 in one calendar year. An annual special award, outside the stated individual limit, may be made at the discretion of the Committee. This award carries no guarantee that it will be repeated.

Funds may be used for all appropriate educational expenses at the discretion of the Committee, and award money is sent directly to each recipient's school or institution. Recipients of scholarships must submit a new request for funds each year of the educational program. Generally, these funds may be renewed depending upon academic performance and continuing demonstration of financial need.

PROCEDURE

Awards may be made by the Scholarship Committee upon receipt of all the following items. Applications are due by 5:00 p.m. on Friday, April 24, 2026. **Applications must be submitted digitally to the NCH Development Office at** nchdevelopment@mgb.org. **No hard copies will be accepted**. Please compile all documents, including reference letters, and email as one complete package. You will receive an email confirming receipt of your application. **If you do not receive a confirmation email, we have not received your application.**

If you need assistance with submitting your application digitally, please contact the NCH Development Office at 508-825-8250 or nchdevelopment@mgb.org. Incomplete applications, non-medically healthcare-related applications or applications received after 5:00 p.m. on Friday, April 24, 2026, will not be accepted for consideration.

1. **Application form** – completed, signed and dated.
2. **Cover letter** – current, signed and dated describing recent/current academic or work accomplishments and career goals. Cover letter should address one or more of the following criteria: financial need; demonstrated academic excellence or explanation of any extreme academic performance changes reflected on transcripts; work or volunteer duties at Nantucket Cottage Hospital or other healthcare organizations; relevance of your training/education to the island community, Nantucket Cottage Hospital, and/or the healthcare field in general.
3. **Two *recent* references included in application,** 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). Attached Reference Form can be used in lieu of a letter. References must include the contact person's phone, email, and signature. References do not need to be kept confidential.
4. Copy of **transcripts** from the last most recent academic session.

Proof of Nantucket residency may be requested.

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Application Page 1: Beinecke Scholarship Fund 2026-27

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 p.m. Friday, April 24, 2026, will not be accepted.

Preferences will be given to candidates with demonstrated success in pursuing healthcare education.

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 & Mailing Address: _____

_____

Parent/Guardian's Phone Number: _____

Year Applicant Graduated from High School: _____

Schools/University/Colleges/Institutions Attended: _____

_____

Degrees Earned: _____ Years Earned: _____

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

_____

Please specify the major and degree or accreditation you are pursuing: _____

Anticipated year of completion: _____

Anticipated Costs for the Upcoming 2026-27 Academic Year:

	Costs
Tuition & Fees	$
Room & Board	$
Books, Labs, and Supplies	$
Personal Expenses (travel, computer, etc.)	$
Other (please specify)	$
Total Cost of Attendance	**$**

Estimated Amount You Can Pay Towards Costs for the 2026-27 Academic Year:

Parent/Guardian	$
Self	$
Scholarships	$
Loans	$
Other (please specify)	$
Total Funds Available for College	**$**

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Application Page 2: Beinecke Scholarship Fund 2026-2027

Do you plan to work during the summer? _____ Where? _____

Do you plan to work during the school year? _____ Where? _____

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

_____

_____

_____

In addition to this form, applicants must submit a cover letter. Some sample topics you may want to address in your cover letter that would be helpful for the Beinecke Scholarship Committee to take into consideration include:

- Description of your healthcare field of interest and future plans
- Examples of overcoming diversity
- Explanation of any serious grade changes
- Any activities, leadership positions, or other experiences that are important to you and why
- Any special financial circumstances which will affect your education

For Nantucket Cottage Hospital Staff Only:

How long have you worked at NCH: _____

Do you qualify for tuition reimbursement: Yes No

What is your current job at NCH: _____

Completed application due at NCH by 5:00 pm Friday, April 24, 2026, and must include:

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

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: _____

Please email completed application to the NCH Development Office at nchdevelopment@mgb.org.
For questions, please call 508-825-8250.

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Reference Form: Beinecke Scholarship Fund 2026-2027

(This form is not required but 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 Fund. 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: _____

Phone: _____ Email: _____

Signature: _____ Date: _____