



COMMUNITY FOUNDATION  
FOR NANTUCKET

For the **upcoming** academic year,  
I will be a: (check one)

- Freshman
- Sophomore
- Junior
- Senior
- Post Graduate Student
- Other

## Pat Martin Scholarship

**Description:** Patricia Lees Martin was an energetic advocate for the Nantucket Schools, for women's health issues, the Nantucket Atheneum and was instrumental in establishing the Cape & Islands public radio station WCAI and WNAN. To honor and celebrate her memory, six of her close friends established a scholarship to be given each year to a Nantucket High School Student who has given back to the community as much as Pat did.

**Purpose:** To provide a scholarship to a graduating senior or past graduate of Nantucket High School who demonstrates a sustained commitment to volunteerism throughout their high school/ college career and strives to be an active citizen in their community. Past awards have been approximately \$1,000.

**Required:** Application, Transcript, a one-page statement on what it means to give back to your community, plus any other supporting materials which you feel would be helpful.

### Personal Data

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Cell Phone) (Home Phone)

Email Address: \_\_\_\_\_

Best Way to Contact: Cell Phone Home Phone Email

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Address (if different from yours): \_\_\_\_\_

Best Way to Contact Parents: \_\_\_\_\_

Parent(s)/Guardian(s) Marital Status: Single Married Divorced Widowed

**Academic Data**

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Cumulative High School Grade Point Average: \_\_\_\_\_ (Please attach transcript.)

(If you are in college, please attach current transcript.)

Names of Colleges or Universities you have applied to or have been accepted to:

\_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

Why do you want to attend this school?

What is your intended field of study? \_\_\_\_\_ Major: \_\_\_\_\_

What do you hope to do with your education?

Why should you be chosen as the recipient of the Pat Martin Scholarship?

## School and Community Involvement

List any organization in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships. Attach another sheet if necessary.

<u>Activity</u>	<u>Number of Years</u>	<u>Positions or Offices Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any awards, honors or recognition received:

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you and why?

**Anticipated Costs for the Upcoming Year**

	<b>Costs</b>
Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Personal Expenses (Travel, computer, etc)	\$
Other	\$
<b>TOTAL COST OF ATTENDANCE</b>	<b>\$</b>

**Estimated Amount You Can Pay Towards Costs for the Upcoming Year**

Parent/Guardian	\$
Self	\$
Financial Aid Award from School of Choice	\$
<b>TOTAL FUNDS AVAILABLE FOR COLLEGE</b>	<b>\$</b>

Do you plan to work during the summer? \_\_\_\_\_ Where? \_\_\_\_\_

Do you plan to work during the school year? \_\_\_\_\_ Where? \_\_\_\_\_

If there are special financial circumstances which will affect your education, please describe:

**Student's and Parents' Statements:**

I have checked this application for errors and omissions and state that the information on this application is complete and accurate.

*Scholarships may not be awarded to any donor/advisor or substantial contributor to the Fund making the award, to any member of a selection committee for such award, or to any members of their families. Applicants must also attest to not being related to a either significant donor or advisor of the scholarship for which they are applying. This includes parents, grandparents, great grandparents, spouse, siblings, children, grandchildren, great grandchildren and the spouses of all of the above.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit by **9AM on April 29, 2020**  
Community Foundation for Nantucket  
PO Box 204  
Nantucket, Massachusetts 02554  
-or- [cjensen@cfnan.org](mailto:cjensen@cfnan.org)