



COMMUNITY FOUNDATION  
FOR NANTUCKET

## Jenny Garneau Memorial Scholarship

**Description:** This scholarship, to be awarded to a graduating Nantucket High senior will honor the community service legacy of Jenny Garneau, who passed away in September of 2013. Jenny, a long time, year-round resident of Nantucket, was an active member of the community. She was involved in a variety of civic activities, including serving as past Presidents of both the Nantucket School Committee and the Nantucket Chamber of Commerce Board. Most recently, she led and coordinated the Island's Suicide Prevention Coalition and the Nantucket Healthy Community Collaborative. This scholarship of at least \$1000 per year for no more than 4 years will help foster and instill the need for community service and civic awareness in young people. The graduating senior, having attended NHS since the 9<sup>th</sup> grade, will be in good academic standing and be planning on attending an accredited program, college or university. Most importantly, this student will have performed extensive and meaningful community service hours while at NHS.

**Required:** *Application, Transcript, a Letter of Recommendation, a 300-word Essay on what community service means to you as you embark on the next chapter of your life and what you plan to accomplish in college, plus any other supporting materials which you feel would be helpful.*

### Personal Data

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

Social Security Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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.)

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 this 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**

	Costs
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	\$
Scholarships	\$
Loans	\$
<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.

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

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

**Please submit by April 27, 2018**  
 Community Foundation for Nantucket  
 PO Box 204  
 Nantucket, Massachusetts 02554  
 -or- [kcampbell@cfnan.org](mailto:kcampbell@cfnan.org)

***Please remember  
 to submit your  
 personal  
 statement with  
 this application.***