

Please submit by April 1.

Applications submitted via email are preferred: [scholarships@cfnan.org](mailto:scholarships@cfnan.org).

If mailing: please do NOT staple your application or materials.



COMMUNITY FOUNDATION  
FOR NANTUCKET

## Jack Pignato Memorial Scholarship

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

Freshman

Sophomore

Junior

Senior

Post Graduate Student

Other

**Description:** To provide scholarships to seniors or graduates of Nantucket High School. (\$1,500 per year).

**Eligibility:** Seniors or graduates of Nantucket High School who are or will be majoring in mathematics or science and are planning a career in education. Seniors or graduates of Nantucket High School who are or will be attending nursing school or medical school

**Required:** Application, Transcript, a Letter of Recommendation from a NHS teacher or college professor, plus any other supporting materials which you feel would be helpful.

### Personal Data

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

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: \_\_\_\_\_

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

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

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

*Provide Contact Information*

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? \_\_\_\_\_

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**

	<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	\$
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.

*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 \_\_\_\_\_

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Community Foundation for Nantucket

PO Box 204

Nantucket, Massachusetts 02554