COFFIN SCHOOL SCHOLARSHIP APPLICATION

ELLEN W. THOMAS, ELIZABETH R. COFFIN, and JAMES DUFFY & ISABEL WORTH DUFFY SCHOLARSHIPS

| NAME: | | | | • |
|---|---------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| ADDRESS: | | | | |
| DATE/PLACE OF BIRTH: | | · · · · · · · · · · · · · · · · · · · | | |
| YEARS IN NANTUCKET SCHOO | DLS: | 1 | | · · · · · · · · · · · · · · · · · · · |
| PARENT/GUARDIAN NAME: | | | · · · · · · · · · · · · · · · · · · · | |
| OCCUPATION: | | | | |
| SCHOOL/COLLEGE YOU WILL I | BE ATTENDING: | | | |
| SENIOR Applicants are requirexpressing why further education letter of recommendation from a handle | n is desired, compl | ete this Coffin Sc | hool Tru | stees form, and provide a |
| TUITION \$ | ROOM \$ | | BOOKS, ETC. \$ | |
| TRAVEL \$ | BOARD \$ | | TOTAL \$ | |
| STUDENT'S OWN ASSETS: Ple accounts, trust funds, or educatio | • | student has in his/ | her own | name such as bank Value |
| | | | | |
| | | | | |
| | | | | |
| PLEASE ESTIMATE THE AMOUNT YO | DU CAN PAY TOWARI | D YOUR NEXT YEAR | R'S TOTAL | COLLEGE EXPENSES: |
| | | | | |
| | | | | |

| APPLICANT'S AUTHORIZATION: I HAVE CHECKED THIS FORM FOR OMISSIONS AND ERRORS. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REPORTED IS COMPLETE AND CORRECT. | | | | |
|--|------|--|--|--|
| Student's Signature | Date | | | |
| Please mail to: Lena Civitarese Coffin School Trustees 11 A Newtown Road Nantucket, MA 02554. | | | | |

Deadline: April 15th