

DOROTHY HARRISON EGAN FOUNDATION

Scholarship Application

Scholarships are intended for qualified candidates studying within the healthcare profession at accredited colleges, medical schools or other educational institutions. Those who will work in positions that have direct care of patients or are responsible for delivering a range of medical, laboratory and certain allied medical services will be considered. Preference will be given to residents of Nantucket, but are not limited to such residents and all qualified candidates are encouraged to apply. Please print legibly or type.

Name: _____

Residential Address: _____

Mailing Address (if different from above): _____

Email Address: _____ Telephone Number: _____

Date of Birth: _____ Place of Birth: _____

Are you married: _____ Number of Dependents: _____

Parents/Guardian's Name: _____

Mailing Address: _____

If you reside (or ever resided) on Nantucket, state dates of residence: _____

Name of High School: _____ Year of Graduation: _____

Other Institutions Attended: _____

Degrees Earned and Years Earned: _____

Name and address of college to which you have been accepted and plan to attend next year:

Anticipated Major _____

EXPECTED COSTS OF ATTENDANCE

Tuition \$ _____

Room & Board _____

Books & Supplies _____

Fees _____

Other _____

Total \$ _____

TO BE PAID BY – this section must be completed

You \$ _____

Parent/Guardian _____

Scholarships _____

Loans _____

Work Study _____

Other _____

Total \$ _____

Please explain your expected course of study next year.
(Attach additional sheet if necessary.)

Please explain what you expect to do when your course of study is finished.
(Attach additional sheet if necessary.)

VERIFICATION AND AUTHORIZATION

To the best of my knowledge, the information reported above is complete and correct. By signing this application, I authorize the Dorothy Harrison Egan Foundation to request and receive a transcript (or comparable progress report) of my next year's grades from the institution at which I will be studying and to communicate with that institution about direct payment of any scholarship (this authorization to be effective only if I am given a scholarship by the Foundation).

Signature of Applicant: _____ Date: _____

YOU MUST INCLUDE WITH THIS APPLICATION (Applications will be considered incomplete if any of the below required items are not received by the deadline listed below):

- A transcript of grades covering at least your most recent academic year.
- Copy of SAT Scores (IF HIGH SCHOOL SENIOR – if taken).
- Copy of MCAT Scores (IF COLLEGE SENIOR – if taken).
- One current letter of recommendation from a teacher who has taught you within the most recent academic year **or, if not in school**, from a business or professional associate. This letter can be attached to your application or submitted directly from your reference.

Please return to:

**Dorothy Harrison Egan Foundation
P.O. Box 3366, Nantucket, MA 02584
or email to DHEFOUNDATION@aol.com**

on or before April 23, 2025

If you have any questions, please email to DHEFOUNDATION@aol.com