The TidalHealth Diversity Scholarship focuses on broadening the number of professionals in healthcare from traditionally underrepresented backgrounds in Western Sussex County. The program is for Black/African American, Hispanic/Latinx and/or Native American students. Applicants selected for a scholarship have an opportunity to receive a scholarship in amounts ranging from $250 to $5,000. Applicants are evaluated based on the criteria in this application and compete on the below criteria for a limited number of TidalHealth Nanticoke scholarships awarded annually:

### Academic Merit Scoring Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Achievement</td>
<td>30</td>
</tr>
<tr>
<td>Essay</td>
<td>25</td>
</tr>
<tr>
<td>Extracurricular activities, both school-related and community service</td>
<td>25</td>
</tr>
<tr>
<td>Two recommendation letters</td>
<td>10</td>
</tr>
<tr>
<td>Previously volunteered at TidalHealth Nanticoke</td>
<td>10</td>
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</tbody>
</table>

### Criteria

- Graduating high school senior living in the following areas of Western Sussex County: Seaford, Laurel, Bethel, Bridgeville, Greenwood, Georgetown or Delmar
- Student must be of Black/African American, Hispanic/Latinx and/or Native American heritage, and accepted into a healthcare-related program at an accredited college or university
- Academic achievement is evaluated by using unweighted GPAs on a 4.0 scale
- Completion of a 125-word or more essay on the following topic: “Describe what area of healthcare you are interested in and why.” The submitted essay must be typed in double-spaced Times New Roman 12-point font. Scholarship Committee scores on the following: directions, grammar, essay structure, analytical skills, conclusions drawn and the “why” part of the essay
- Submit two (2) letters of reference from teachers, counselors, principal or community member (unrelated to student) who can attest to the student’s desire to learn and likelihood to excel in the chosen course of study

### Please submit the following:

- A completed application
- Copy of current transcript
- Copy of your acceptance letter into a healthcare-related program at an accredited college or university
- Completed typed essay
- Two (2) letters of reference

All application materials listed above must be received by May 15, 2021. Applications can be submitted electronically to Christine.Fiori@tidalhealth.org or mailed to:

**TidalHealth Nanticoke, c/o Human Resources, 801 Middleford Road, Seaford, DE 19973**
TidalHealth Nanticoke Scholarship Programs 2021 Application

Student Information

Date:

Name ________________________________________________________________

Address
____________________________________________________________________

Home Phone No. (___) ______________________

Cell Phone No. (___) ______________________

Student Email: ___________________________________

High School Information

Contact: _______________________________ Title: ____________________________

Address
____________________________________________________________________

Phone Number: (___) ______________________

Anticipated Date of Graduation _________________________________

Type of Degree/Certificate ____________________________________________

Desired Career in Healthcare __________________________________________

College/University Information

Name of Institution Attending ___________________________________________

Address
____________________________________________________________________

Institution Contact Name ___________________________________ Department __________

Address/Location
____________________________________________________________________

Phone Number of Institution (___) ______________________

Date/Semester Planning to Attend ________________________________________
**Extracurricular Activities**

TidalHealth Nanticoke (or Nanticoke Memorial Hospital/Physician Network) Volunteer Services

I have volunteered at TidalHealth Nanticoke  Yes   No

If YES: What year(s) did you volunteer: ________________________________

**Extracurricular Activities: School-related and offices held**

*(If you have more than the space allows attach a separate sheet titled “School Activities”)*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Role/Position in Activity</th>
<th>Years Participated</th>
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</tbody>
</table>

**Extracurricular Activities: Volunteer/Community service and offices held**

*(If you have more than the space allows attach a separate sheet titled “Volunteer/Community Activities”)*

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ACKNOWLEDGMENT & SIGNATURE

I hereby apply for a scholarship being offered by TidalHealth Nanticoke for the academic year beginning Fall 2021. In applying for this nursing scholarship, I authorize the Scholarship Committee to review my scholastic record, to interview any of my present or past teachers, guidance counselors, or other school officials, and current or past employers to provide information regarding my scholastic achievement, character, and dependability.

I understand that if I am awarded a scholarship, I will be required to sign a Scholarship Agreement.

If selected, parents or legal guardian will be required to sign and enter into the Scholarship Agreement and assure certain obligations imposed thereafter.

__________________________________________ _________________________________
Applicant’s Signature Date