



2021 TidalHealth Nanticoke Scholarship Program

TidalHealth offers scholarships for graduating high school students who live in Western Sussex County and pursue careers in healthcare. 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	Points
Academic Achievement	30 points
Essay	25 points
Extracurricular activities, both school-related and community service	25 points
Two recommendation letters	10 points (5 points each)
Previously volunteered at TidalHealth Nanticoke	10 points

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 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")

Activity	Role/Position in Activity	Years Participated

Extracurricular Activities: Volunteer/Community service and offices held

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

Activity	Role/Position in Activity	Years Participated



Acknowledgment for Healthcare Education Scholarship Program

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
