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:

<table>
<thead>
<tr>
<th>Academic Merit Scoring Criteria</th>
<th>Points</th>
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<tbody>
<tr>
<td>Academic Achievement</td>
<td>30 points</td>
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<tr>
<td>Essay</td>
<td>25 points</td>
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<tr>
<td>Extracurricular activities, both school-related and community service</td>
<td>25 points</td>
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<tr>
<td>Two recommendation letters</td>
<td>10 points</td>
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<td>(5 points each)</td>
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<tr>
<td>Previously volunteered at TidalHealth Nanticoke</td>
<td>10 points</td>
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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”)

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<th>Activity</th>
<th>Role/Position in Activity</th>
<th>Years Participated</th>
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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 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

__________________________________________ _________________________________
__________________________________________ _________________________________