 

**Application for Admission—Tuition Assistance Program**

**Ruth Shaw Junior Board Scholarship**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State County Zip Code Area Code/Number**

**Legal Local Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\***

 **City/State Country**

**High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name City Month/Year of Graduation GPA**

1. **Undergraduate College(s) Attended (list in chronological order):**

 **Degree**

 **Granted or**

 **Campus/ Dates of Expected Current**

 **Institution Location/Site Attendance Major (w/date) GPA**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**\*** *Legal local permanent residence is defined as permanent residence in the counties of Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, and Philadelphia in Pennsylvania; Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem in New Jersey; and New Castle and Sussex County in Delaware; and Cecil County in Maryland*

**Application for Admission:**

List any extra-curricular activities you have engaged in during high and/or college or outside of school. State the positions and responsibilities which you attained, such as “president of group”.

 **Activity Position of Responsibility**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all work or volunteer experience:**

 **Type of Work or Length of Did you**

 **Volunteer Experience experience Enjoy it? Why?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Requirements:**

On an additional sheet of paper, please state your reason for interest in healthcare/patient care as a career. This should include your philosophy and professional goals.

Unofficial transcripts and two letters of recommendation are required from among the following individuals:

College (clinical) instructors and/or employers

Your scholarship application and the above requested items should be sent to the following address:

 Christiana Care Health System

 Recruiting Services Department

Attention: Daniella Garzon

11 Reads Way

New Castle, DE 19720

I hereby certify that the information in this application is complete and correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of Applicant Date**

Ruth Shaw Junior Board Scholarship Recommendation Letter

*Applicant should complete the top portion and provide form & envelope to person completing recommendation portion.*

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: ADN BSN (circle one)

Anticipated Graduation Date \_\_\_\_\_\_\_\_\_

Current Position (Employer or Volunteer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person completing the recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Teacher/Counselor time frame worked with individual \_\_\_\_\_\_\_\_\_\_\_
* Manager / Supervisor time frame worked with individual \_\_\_\_\_\_\_\_\_\_\_
* Other (non-family member) time frame worked with individual \_\_\_\_\_\_\_\_\_\_\_

Instructions for person completing the recommendation: Please answer the questions below in regard to your experience with the above applicant. Your responses are personal and do not reflect the views of any company/organization to which you belong now or to which you have belonged in the past.

|  | **1:** **Strongly Disagree** | **2: Disagree** | **3: Undecided** | **4:** **Agree** | **5:** **Strongly Agree** | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I would recommend this person for the Ruth Shaw Junior Board Scholarship. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 2. This applicant displays a high level of professionalism in the work/school environment. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 3. This applicant consistently performed duties in a reliable, responsible, and dependable manner (eg. Report to work /volunteer position consistently and on time; consistently performed well; follows procedures). | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 4. This applicant consistently displays a positive attitude and is enthusiastic about nursing. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 5. This applicant easily communicates with colleagues, patients / customers, and others. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 6. This candidate is able to manage time and accomplish responsibilities efficiently and effectively (eg. Multi-task without experiencing an undue amount of stress). | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 7. This candidate is able to use knowledge, prior experiences, common sense, and critical thinking to make sound decisions. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 8. This candidate demonstrates a caring and empathetic attitude towards patients/customers. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 9. This candidate takes the initiative to seek out additional opportunities/experiences that will maximize development and performance. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 10. This candidate excelled in his/her role and exceeded my expectations. | **1** | **2** | **3** | **4** | **5** | **N/A** |

Please feel free to share additional comments as needed.

Your answers will be kept confidential and not shared with the applicant. Please sign and seal in the provided envelope and return to the applicant.

Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date