


UNIVERSITY OF DELAWARE SCHOOL OF NURSING
JEANNE K. BUXBAUM SCHOLARSHIP APPLICATION DIRECTIONS & FORM

SCHOLARSHIP CRITERIA

- Matriculated undergraduate or graduate student in the UD School of Nursing
- Demonstrated academic excellence (GPA \geq 3.0)
- Articulated/demonstrated sincere interest in older adults or persons experiencing sensory deprivation
- At least one undergraduate nursing student scholarship and one graduate nursing student stipend will be awarded each academic year. Number of annual scholarships and award amount will depend on quality of applicants and available Endowment monies.
- If you have any questions about the scholarship call or email Dr. Rempusheski @ 302-831-8502 or vrempush@udel.edu

DIRECTIONS

1. Complete the form below.
2. Write a brief essay, 1-2 page, single-spaced word document, describing your:
 - a. Interest in older adults/persons experiencing sensory deprivation,
 - b. Experiences that have influenced your interest in older adults/persons experiencing sensory deprivation (also may include resumé), and
 - c. Short and long-term goals toward a career in gerontological nursing.
3. Submit completed application (essay, completed form, other documents) to Veronica F. Rempusheski, PhD, RN, FAAN, Jeanne K. Buxbaum Chair of Nursing Science, 207 McDowell Hall, by May 15th (mailbox or email attachment).
4. Contact Dr. Rempusheski to schedule an interview between May 16 and May 23.
5. All applications submitted and interviews completed by May 23rd will be considered in the selection of award recipients.
6. Scholarship decisions will be made by the first week in June for the subsequent academic year, September 1 through May 31.
7. In the event that no qualified applications are received in May, applications will be sought during the fall semester, with receipt of applications by December 1, interviews completed by December 15th and final decision for the spring semester made by the first week in January.

I. Application (Graduate Students ONLY – please also complete fields highlighted in yellow)

<i>Name</i>	<i>Student ID #</i>	<i>Date</i>
<i>Permanent Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone (Cell)</i>	<i>Phone (landline)</i>	<i>Email Address</i>

Please check one: **US Citizen** **Perm Res.** **Foreign/Visa**

GPA: _____ (submit unofficial transcript of courses completed to date)

Undergraduate Student **If checked, please indicate # of Semesters Completed:** _____

Graduate Student **If checked, please indicate Year Matriculated:** _____

of Credits Registered for: **Fall** _____ **Spring** _____