

Student Name _____ UD ID# _____

1. Select the Scholarship(s) for which you are applying:**Traditional BSN Students ONLY**

- _____ Helen E. Bancroft Scholarship (interest in maternity nursing)
- _____ Al DuPont Hospital Scholarship in Nursing (interest in pediatric nursing)
- _____ KL Esterly Nursing Education Scholarship (committed to a pediatric nursing career)
- _____ Ines Monica Taylor Nursing Scholarship (For African-American or Latino students)

Accelerated BSN Students ONLY

- _____ Helene Fuld Health Trust Scholarship

RN-BSN/RN-MSN Students ONLY

- _____ Blue Cross/Blue Shield of Delaware (Must be an ADN graduate from DTCC)
- _____ Dr. Betty J. Paulanka Scholarship (For Pennsylvania residents only)

Accelerated, RN-BSN/RN-MSN or MSN Students ONLY

- _____ Frances M. Cahn Scholarship (For Pennsylvania residents only)
- _____ Kittleman Public Health Nursing Scholarship
- _____ Linda Brinton Harra Scholarship
- _____ Muriel Gilman Scholarship for Returning Nursing Student
- _____ Zeneca Scholarship (For Delaware residents ONLY)

2. Student Information:

Last Name First MI UD ID #

Local Address City State Zip

Permanent Address City

Home Phone Cell Phone Email Address

Program Type: _____ (Trad/Accel/RN-BSN/Other)

Cumulative GPA: _____

Anticipated Graduation Date: _____
mm/20YY

Have you filed a FAFSA form? Yes No N/A

Application Date: _____

5. DUE DATE: Completed application materials (see below) must be emailed to Zack Jackson, zjackson@udel.edu by May 15th.

Completed Scholarship Application including Short Essay.

Make sure to list all funding sources and amounts which are currently being utilized to help with program costs.

Resume-including work experience, internships, extracurricular activities and volunteer work.

Please review all special requirements and only submit applications for which you have met the criteria.

For questions, please email Zack Jackson at zjackson@udel.edu.