DELAWARE COMMUNITY foundation
connecting people who care

Henry H. Stroud, M.D. Memorial Scholarship Fund

SCHOLARSHIP APPLICATION

This form is designed to collect information about your background, interests, academics, demonstrated leadership, and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may, if you wish, type your responses on a computer (no smaller than 10 point type) and paste them into the spaces provided below each question, or attach additional pages as necessary. The completeness, neatness, and legibility of your replies will allow for a thorough and comprehensive review of your credentials.

APPLICANT INFORMATION

LEGAL NAME

Last _____ First _____ MI ____

PERMANENT HOME ADDRESS

Number and Street _____

City _____ State/Prov ____ Zip Code/Postal Code _____

COUNTY OF RESIDENCE _____

GENDER
☐ Female
☐ Male

E-MAIL ADDRESS _____

TELEPHONE NUMBER ___ - ___ - ____

DATE OF BIRTH ___ / ___ / ____
Month Day Year

SOCIAL SECURITY NUMBER ___ - __ - ____

EDUCATION

	Name of School/Institution	Dates Attended FROM	TO	Degree Earned
HIGH SCHOOL/ SECONDARY SCHOOL				
UNDERGRADUATE/ POSTSECONDARY SCHOOL				
GRADUATE INSTITUTION				

Institution you plan to attend for graduate study: _____
Name of Institution

City _____ State/Prov ____

Intended course of study: _____ Expected graduation date: ___ / ___
Month Year

Please list all awards, honors, scholarships, and other forms of recognition you have received for your academic achievements since the beginning of your undergraduate/post-secondary studies.

_____

_____

_____

_____

_____

_____

_____

EXTRACURRICULAR, CO-CURRICULAR AND COMMUNITY ACTIVITIES

List all activities in which you have participated since the beginning of your undergraduate/post-secondary studies. (Student government, Greek Council, campus publications, intercollegiate or intramural athletics, theatre, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appointed)	Awards or Honors
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	

List community agencies or organizations in which you have participated **without pay** since the beginning of your undergraduate/post-secondary studies. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
			☐per week ☐per year
			☐per week ☐per year
			☐per week ☐per year
			☐per week ☐per year
			☐per week ☐per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

List jobs you have held since the beginning of your undergraduate/post-secondary studies. Include summer jobs, cooperative education placements and internships.

Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
		☐Full Time ☐Part Time ☐Summer ☐School Year		
		☐Full Time ☐Part Time ☐Summer ☐School Year		
		☐Full Time ☐Part Time ☐Summer ☐School Year		
		☐Full Time ☐Part Time ☐Summer ☐School Year		
		☐Full Time ☐Part Time ☐Summer ☐School Year		

Discuss any special training, abilities, or interests you may have that might distinguish you from other applicants.

List any publications you have authored or co-authored, in the reference format appropriate for your field of study. (MLA, APA, etc.)

Describe your familiarity with languages other than English, including your level of proficiency (written, conversational, fluent, etc.)

Consider your reading over the last six (6) months, including books, professional journals, and periodicals. Please choose one (1) item that made a lasting impression upon you. Briefly explain its significance and its relevance to your intended course of study (if applicable).

FAMILY INFORMATION

Enter complete information about your family below.

	Parent/Guardian/Other	Parent/Guardian/Other
Name		
Relationship to the Applicant (you)		
Occupation/Title		
Employer's Name		

Please describe your parents' relationship to each other: ☐ Divorced ☐ Domestic Partners ☐ Married ☐ Separated ☐ Unmarried ☐ Widowed

Brother(s): Number _____ Age(s) _____ Sister(s): Number _____ Age(s) _____

Enter the name(s) of the parent(s) or guardian(s) or other person(s) you live with, *if different from above.*

How has a family member or family experience been influential in your life?

ACADEMIC & CAREER GOALS

What is the highest academic degree you intend to pursue? How does this degree track relate to your professional objectives?

What are your current career plans?

RECOMMENDATION & TRANSCRIPT REQUIREMENT

Two letters of recommendation are required:

- The **first letter** of recommendation should be provided by an advisor, department chair/dean, or professor who is familiar with your academic work.
- The **second letter** may come from a similar academic source, or from a personal contact *(not a friend, classmate, or family member)* that has knowledge of your activities outside the classroom (e.g. extracurricular/co-curricular activities, community service, work experience, etc.).

You are also required to submit a **complete, official transcript of grades**, including classes currently in-progress. You may obtain a copy of your transcript and submit it with this questionnaire, or you may request that your institution sends the transcript directly to the address below. Your transcript and letters of recommendation must be mailed no later than April 1.

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name, and return this form and any supporting materials to the address indicated below. Your signature certifies that all information you entered on this form is accurate and true.

Student's Name (Please Print) _____

Student's Signature _____ Date _____

Mail all scholarship materials **by April 1** to:

HENRY H. STROUD, M.D. MEMORIAL SCHOLARSHIP FUND
C/O ETS SCHOLARSHIP & RECOGNITION PROGRAMS
PO BOX 6730
PRINCETON NJ 08541

If you require assistance with the Scholarship Questionnaire, please contact SRP at 609-771-7878 or SRP-CSR@ets.org.

SRP PRIVACY STATEMENT

All materials submitted to support an application in the competition are used only in the selection process. If you are named a scholarship recipient, your folder will remain in active status during the period that the scholarship is in force, and will be retained for one year thereafter. All records are confidential and available for reference by Scholarship & Recognition Programs and, as appropriate, by the program sponsor.

ETS Scholarship & Recognition Programs

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