

## **MARGARET STAFFORD SCHOLARSHIP FUND**

### **GRANT GUIDELINES**

#### **ELIGIBILITY:**

Applicants must be a resident of Delaware who have been accepted into an accredited college or university. The applicant must be accepted into the institution's nursing program. The applicant must be initiating or furthering their nursing training. It is not required that applicants attend a Delaware College or University. It is expected that all scholarship recipients will seek to improve the quality of healthcare in our society through nursing practices that ensure that patient's needs are a priority.

#### **CRITERIA:**

Consideration will be given to all facets of the student's education and activities, which would point to a successful college experience and nursing career. Race, religion or sex will not be a factor in the selection of candidates. A preference will be given to those students most in need of financial support. Each applicant will be required to submit a short essay on why he or she desires to undertake a career in Nursing.

#### **TERMS OF GRANT:**

This is a one-time scholarship to be paid in April. The amount of the scholarship to be awarded annually shall be at the discretion of the Delaware Community Foundation and based on the current value of the fund. The current scholarship amount for 2003 is \$500.00.

**Applications and supporting documentation must be received by March 31st.  
Applications should be mailed to the following address:**

**Margaret Stafford Scholarship Fund  
Delaware Community Foundation  
P.O. Box 1636  
Wilmington, DE 19899  
Email: [rgentsch@delcf.org](mailto:rgentsch@delcf.org)**

**MARGARET STAFFORD SCHOLARSHIP FUND**

**Application Form**

**Applicant's Name:** \_\_\_\_\_

**Parent's or Guardian's Name:** \_\_\_\_\_

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

**Legal Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address** \_\_\_\_\_

**To which college or university have you been accepted or attending?** \_\_\_\_\_  
\_\_\_\_\_

**How long have you attended this college or university?** \_\_\_\_\_

**GPA: (if applicable)** \_\_\_\_\_

**Estimated graduation date:** \_\_\_\_\_

**Forward each of the following:**

- 1. Application**
- 2. High school transcripts if you are a new freshman to the college or university**
- 3. Copy of college or university transcripts**
- 4. SAT scores**
- 5. A list of extracurricular activities and honors you have received**
- 6. A copy of your own or your family's most recent tax return ( Provide your family's tax return if your parents still claim you on their tax return as a dependant)**
- 7. One page essay on why you want to be a nurse**

**Finalist may be required to attend a personal interview, and will be informed of the date and time if required.**

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