

Bayshore Medical Center
2023 Fall Nursing Scholarship Application

INSTRUCTIONS: Full- and part-time (16+ hours/week) employees who are enrolled in generic nursing programs (**Diploma, AD, BSN**), upper division nursing programs (**RN to BSN**), or advanced degree nursing programs including graduate programs (**MSN, DNP, NP**) in nursing or related areas, and have been employed for one (1) year at Bayshore Medical Center, may apply for BMC Foundation-funded nursing scholarships.

This scholarship must be used to supplement tuition, scholastic fees, lab costs, books, or educational supply expenses.

Scholarship recipients will be recognized at the scholarship ceremony during the Fall. Scholarship funds will be provided either to the individual or their educational institution shortly thereafter.

In Fall 2023, a minimum of 6 scholarships of varying amounts will be awarded.

DEADLINE: September 30, 2023

PART I: APPLICANT INFORMATION

Name _____ Peoplesoft ID # _____

Address _____ City _____

State _____ Zip Code _____ Home Phone: _____

Work #: _____ Cell #: _____

Email: _____

Position: _____ Years of Service at HMH: _____

Campus: Bayshore Medical Center Full Time _____ Part Time _____

Unit/Department: _____ Manager's Name _____

Current or Planned Program of Study _____

(must be nursing program)

Name of School _____

Date of Entry _____ Expected Date of Graduation Month/Year _____

Number of credits this semester _____ Total credits earned to date: _____

Membership in Professional Associations _____

Membership on Hospital Committees _____

Awards _____

Publications _____

PART II: Personal Statement

Please submit with this application a personal statement not to exceed 1 ½ pages defining your personal and professional goals, and explaining why you merit consideration for an educational scholarship.

PART III. Required Documentation (application will be returned if any information is missing)

- A. Transcript (or printout of class schedule if this is your first semester including book bill if applicable)
- B. Documentation of Program of Study
- C. Resume or CV
- D. Financial Statement of Need (Attached)
- F. Manager Recommendation Letter (Attached)

I attest that all of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the selection committee. If selected to receive a scholarship, I agree to attend the scholarship ceremony. All information in this application will be kept confidential.

Signature of Applicant **Date**

Manager Section:

Eligible for HMH Tuition Reimbursement: Full Partial Not eligible

I attest that this applicant is a team member in good standing and without any disciplinary action in the last 12 months. I have reviewed the application and ensured all required elements are ready for submission.

Manager Signature: _____ **Date:** _____

Please send the entire application, personal statement, and all additional documentation by September 30, 2023 to:

Ingrid Astralaga or Debra Hornung
Professional Development
2nd Floor Nursing Administration
Bayshore Medical Center
727 North Beers Street
Holmdel, NJ 07733

PLEASE DO NOT USE STAPLES
PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS