

# Bayshore Medical Center 2026 Spring Nursing Scholarship Application

**INSTRUCTIONS:** This document outlines all the necessary materials to apply for the Bayshore Medical Center 2026 Spring Nursing Scholarships. Please read these instructions carefully and assemble your application accordingly. **Incomplete or late applications will not be considered.**

**INCLUSION CRITERIA:**

- Current full-time or part-time (16+ hours/week) Bayshore Medical Center team member.
- One (1) year of continuous employment at Bayshore Medical Center as of the application deadline.
- Current enrollment in one of the following nursing programs: Prelicensure nursing program (**Diploma, ADN/ASN, or BSN**), upper division nursing programs (**RN to BSN**), or advanced degree programs including graduate programs (**MSN, DNP, or PhD**) in nursing or related areas.

**EXCLUSION CRITERIA:**

- Per diem or not a current team member of Bayshore Medical Center (agency or contracted partner)
- Less than one (1) year of continuous employment at Bayshore Medical Center as of the application deadline.
- Individuals enrolled in non-nursing-related programs
- Recipient of Ann May or other HMM-sponsored scholarship for Spring 2026

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

Scholarship recipients will be recognized at the Nurses Week scholarship ceremony, during which attendance is expected. The funds will be sent to the individual or their educational institution via payroll shortly thereafter.

**DEADLINE: April 3, 2026**

**PART I: APPLICANT INFORMATION**

Name: \_\_\_\_\_ Peoplesoft ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Position: \_\_\_\_\_ Years of Service at HMM: \_\_\_\_\_  
Campus: Bayshore Medical Center Unit/Department: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Leader's Name \_\_\_\_\_  
Current or Planned Program of Study \_\_\_\_\_  
Name of School \_\_\_\_\_ Date of Entry \_\_\_\_\_  
Expected Date of Graduation Month/Year \_\_\_\_\_ Number of credits this semester \_\_\_\_\_  
Total credits earned to date: \_\_\_\_\_  
Professional Association Membership(s): \_\_\_\_\_  
Committee Participation: \_\_\_\_\_

**Previous Awards & Recognitions:** \_\_\_\_\_

**Publications** \_\_\_\_\_

**National Certifications:** \_\_\_\_\_

**Clinical Ladder Level:** \_\_\_\_\_

**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 a scholarship for nursing studies.

**PART III. MANAGER REVIEW**

Eligible for HMH Tuition Reimbursement: \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_ Not eligible

I confirm this applicant is a full-time or part-time team member in good standing with no disciplinary actions within the past 12 months. I have reviewed their application and fully support their pursuit of this scholarship.

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART IV. REQUIRED DOCUMENTATION (application will not be reviewed if 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. Leader Recommendation Letter (Attached)

**I certify that all information provided in this application is accurate and complete. I agree to abide by the decisions of the scholarship selection committee. I understand that scholarship recipients must attend the award ceremony in person to receive their award. All information within this application will be kept confidential.**

\_\_\_\_\_  
**Signature of Applicant Date**

**Please send the entire application, personal statement, and all additional required documentation by **April 3, 2026**, to:**

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

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