

2026

\*\*\*\*ALUMNI\*\*\*\*

**Hackensack Meridian Health  
Ann May School of Nursing Alumni Scholarship**

Open to ALL: *Ann May School of Nursing Alumni* who work at HMH and are enrolled in a nursing program. **MUST** supply the date you graduated from the *Ann May School of Nursing*. I graduated from Ann May School of Nursing in the year (\_\_\_\_\_).

**INSTRUCTIONS:** Ann May School of Nursing (AMSON) Alumni Scholarships are available for: All of Hackensack Meridian *Health* Hospital employees in addition to locations that are considered Affiliates. Employees must be enrolled in upper division nursing programs (RN to BSN), or advanced degree programs including graduate and certificate programs in nursing or related areas in order to apply.

Please complete the entire application and return to the Ann May Center for Nursing and Allied Health with supporting documentation.

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

Scholarship cycle: \_\_\_ SPRING 2026 Deadline: December 5, 2025 or  
\_\_\_ FALL 2026 Deadline: July 17, 2026

Program Type: \_\_\_ Bachelors \_\_\_ Masters \_\_\_ Doctoral \_\_\_ Post Masters Certificate  
\_\_\_ Other \_\_\_\_\_

**Hackensack Meridian Health Campus:**

\_\_\_ HMH Hospital Campus Location: \_\_\_\_\_

\_\_\_ HMH Affiliate Site Location: \_\_\_\_\_

\_\_\_ HMH Corporate offices: \_\_\_\_\_

Name \_\_\_\_\_ Peoplesoft ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Maiden Name \_\_\_\_\_ Email \_\_\_\_\_

No. of Dependents \_\_\_\_\_ Marital Status \_\_\_\_\_ Years of Service at HMH \_\_\_\_\_

Position/Title \_\_\_\_\_ Name of Nurse

Manager \_\_\_\_\_ Nursing Unit \_\_\_\_\_ Full Time

\_\_\_ Part Time \_\_\_ Per Diem (Amount of days per month at HMH \_\_\_) Eligible for

Tuition Reimbursement \_\_\_ Full \_\_\_ Partial \_\_\_ Not eligible



**Financial Information for AMC Alumni Scholarship**

**Please document all educational related expenses and support:**

<b><u>Expenses</u></b>	<b><u>Financial Support</u></b>
<b>Tuition: Per Credit Cost</b>	<b>Tuition Reimbursement: (Semester/Year)</b>
<b>Tuition: Per Semester</b>	
<b>Books:</b>	<b>Current Scholarships received (Past Year):</b>
<b>Fees:</b>	
<b>Transportation Costs:</b>	
<b>Student Loans:</b>	<b>Other Financial Aid (Please list):</b>
<b>Child Care Expenses:</b>	
<b>Personal:</b>	
<b>Total Expenses:</b>	<b>Total Financial Support:</b>

**Submit Application along with required Documentation for:  
Spring 2026 by December 5th 2025 or for Fall 2026 by July 17, 2026**

**Preferred Option: Scan completed application and supporting paperwork as one document (not as a link or shortcut) and send the scanned document by email to:  
[AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)**

**Or Mail to: Hackensack Meridian Health, Ann May Center for Nursing and Allied  
Health, 100 Tormee Drive, 2nd Floor Tinton Falls, New Jersey 07712**

For more information, email the Ann May Center for Nursing: [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)

**PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORD**