

2026 HACKENSACK MERIDIAN HEALTH
ANN MAY CENTER FOR NURSING
NEXT GENERATION - NURSING SCHOLARSHIP APPLICATION

INSTRUCTIONS: Next Generation Nursing Scholarships are available for Hackensack Meridian *Health* employees who have children or close relatives (spouse, grandchild, sibling) accepted and/or enrolled in generic nursing programs (RN) leading to RN licensure. Please complete the entire application and return with all documentation to the Ann May Center for Nursing and Allied Health. Incomplete applications will not be considered.

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

DEADLINES: ___ **SPRING Semester 2026: due December 5, 2025**
___ **FALL Semester 2026: due July 17, 2026**

Student's Name _____

Student Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Date of Birth _____ Marital Status _____ No. of Dependents _____

Hackensack Meridian Health employee? ___ No ___ Yes Peoplesoft ID # _____

Years of Education _____ Email Address _____

Name of Employee/**Relative** Employed by HMH _____

Their Home Phone _____ Their email _____

Employee's Hospital or Affiliate Location _____

Unit or Department they work in _____

Their Title _____ Their Years of Service at HMH _____

Their Peoplesoft ID # _____

Is the employee Full Time _____ Part Time _____ Per Diem _____ Your

Relationship to the employee _____

RN Program:

___ I have been Accepted but I am not yet enrolled in courses

___ I have been Accepted and I am enrolled in nursing courses

Name of School: _____ Date of Entry _____

GPA for prior semester based on 4.0: _____ Cumulative GPA _____

Expected Date of Graduation Month/Year _____

Credits this semester _____ Total credits earned to date _____

Course Title(s) this semester _____

Current Semester Cost of Program: Fees ___ Per Credit ___ Books ___ Other ___

Previous Ann May Scholarship Recipient: Date Awarded ___ Amount _____

Other Scholarships/Financial Aid _____

Community Service: _____

Awards _____

II. Your application will not be considered without all of the following documentation:

Place a check next to the enclosed documents.

- ___ 1. Signed, dated complete application
- ___ 2. Signed, dated Personal statement
- ___ 3. 2 Letters of support (One from High school counselor or nursing school instructor and one from employee relative)
- ___ 4. Proof of Matriculation or acceptance into nursing program (Proof of registration)
- ___ 5. If previous Next Generation Scholarship recipient, evidence of completion of coursework (Grade Report) or transcript for previous scholarship period.
- ___ 6. Completed W-9 filled out by student (attached)

III. Personal Statement: Please explain why you merit this scholarship. Limit your response to no more than two pages. Include academic, personal, and/or financial information you feel should be considered by the selection committee. Please sign and date your personal statement.

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee.

Signature of Applicant

Date

All information provided in this application will be kept confidential. Please make sure that the application is complete and includes all required information as well as a personal statement.

Preferred Option: Scan completed application and supporting paperwork as one document (not as a link or shortcut) send the scanned document by email to:

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 AnnMayCenter@HMHN.org

STUDENT MUST COMPLETE THE W9

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemption codes (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Apply to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)													
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.													
Social security number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>												
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<small>Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</small>													

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)

• Form 1099-C (cancelled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.