

HACKENSACK MERIDIAN *HEALTH*
ANN MAY CENTER FOR NURSING AND ALLIED HEALTH
GENERAL SCHOLARSHIP APPLICATION

2026

Ann May Center Scholarships are available for all Hackensack Meridian *Health* employees or Affiliate employees who are enrolled in generic nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate and certificate programs in nursing or related areas.

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

This application must be completed and all additional supportive documentation must be attached along with your personal statement in order to be considered for scholarship funds.

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

Program Type: ___ RN Program ___ Bachelors ___ Masters
___ Post Masters Certificate
___ Doctoral ___ Other _____

Hackensack Meridian *Health* Location:

Hospital Campus Location: _____

___ HMH Affiliate Site Location (_____)

___ Corporate offices (_____)

OFFER Program Participant ___ Yes ___ No

Name _____ Peoplesoft ID # _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone: _____

Home(_____) _____ Work(_____) _____ Cell(_____) _____ Years of

Service at HMH _____ Position _____

Unit/Dept _____ Name of Manager _____

___ Full Time ___ Part Time ___ Per Diem (Number of shifts in the past 3 months ___)

Name of College _____ Date of Entry _____

Current Program of Study _____

Cumulative GPA _____ Expected Date of Graduation (M/Year) _____

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

Course Title(s) this semester _____

Professional Involvement: (Complete on space provided do not write refer to resume.)

Clinical Advancement Status _____

National Certifications _____

Awards/Honors in the last 2 years _____

Publications/Presentations in the last 2 years _____

Membership in Hospital Committees _____

Membership in Professional Organizations _____

Community Service: _____

Previous Ann May Scholarship Recipient Dates/Amount _____

Educational Expenses:

Tuition Per Credit Cost _____ Per Semester _____ Fees _____ Books _____

Educational Support:

Eligible for Tuition Reimbursement: _____ Full _____ Partial _____ Not eligible Scholarship

Amounts Received (past year) _____ Other

Financial Aid (please list) _____

*Previous Manager Support Letter, Peer Letters, and the Personal Statement can be used for up to ONE calendar year if a copy of the original personal statement is re-signed and re-dated for the current scholarship cycle.

DOCUMENTATION THAT MUST BE ATTACHED:

____ Manager Support Letter, dated and signed

____ Peer Support Letter, dated and signed

____ Personal Statement**

____ Resume/CV

____ Proof of acceptance into nursing program or copy of current course registration

____ Student copy of transcript

****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 statement.

I attest that the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. If I receive and accept a scholarship, I agree to work for Hackensack Meridian *Health* for at least one year.

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 additional documentation required as well as your personal statement and return to:

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

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

KEEP A COPY OF YOUR SCHOLARSHIP APPLICATION FOR YOUR RECORDS