

HACKENSACK MERIDIAN HEALTH
ANN MAY CENTER FOR NURSING AND ALLIED HEALTH
BARBARA BAILEY NURSING SCHOLARSHIP APPLICATION
2026

INSTRUCTIONS: To memorialize her exceptional life and love of pediatric nursing, the family of Barbara Bailey, RN, has established a scholarship in her memory to be used for *the education of nurses and nursing students*. Barbara Bailey's love of nursing was characterized by her dedication to her patients. She touched many lives through her years at Jersey Shore University Medical Center. She was honored in 2001 when the treatment room on the pediatric floor was named "Mrs. Bailey's Room" because of her many contributions. She was a teacher, mentor, caregiver and friend to nursing, medical and intern staff - but her most valuable attribute was her tender loving care of the patients and families of pediatrics. Each year, one \$500 scholarship is awarded during Nurse's week to an eligible nursing student. Nurses and nursing students of all specialties are invited to apply but special consideration will be given to those nurses working or planning to work in PEDIATRICS.

This scholarship must be used to supplement tuition, fees, lab costs, books, or educational supply expenses.
Please complete entire application and return by

Deadline: March 13, 2026

Name _____ Peoplesoft ID # _____

Address: _____

City: _____ State: _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

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

Campus (if HMH employee) _____ Nursing Unit _____

Position/Title _____ Email _____

Current or Planned Program of Study: _____

Specialty: _____

Name of College: _____

Date/Expected Date of Entry in program _____ GPA: (If applicable) _____

Expected Date of Graduation or Date of Course Completion _____

No of credits this semester _____ Total credits earned to date _____

Name of Course/Courses this semester _____

Eligible for Tuition Reimbursement: Full ___ Partial ___ Not eligible ___

Total Cost of Program: Fees _____ Per Credit _____ Books _____

Current Scholarships/Financial Aid _____

Membership in Professional Associations _____

Offices Held _____

Membership in Hospital Committees _____

Clinical Advancement Status _____

Awards _____

Publications _____

II. Documentation that MUST be included: Application will not be considered without all of the following:

- ____ 1. Completed application
- ____ 2. Signed, dated Personal statement
- ____ 3. Proof of enrollment

III. Personal Statement: Please submit a few paragraphs about what nursing means to you or why you chose nursing as a profession.

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. If I am selected to receive a Barbara Bailey Nursing Scholarship, I understand that I will be required to submit a one page letter outlining how the scholarship dollars were used, and how the scholarship helped in the pursuit of my career goals.

Signature of Applicant

Date

Please Return your application with additional documentation by March 13, 2026 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, NJ 07712

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.

KEEP A COPY OF YOUR APPLICATION