

HACKENSACK MERIDIAN *HEALTH*
ANN MAY CENTER FOR NURSING AND ALLIED HEALTH
Bard Foundation Nursing Education Scholarship
2026 APPLICATION

INSTRUCTIONS: Scholarships through the C.R. Bard Foundation are available for Hackensack Meridian *Health* South and Central Campus nurses or nursing students 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. Applicants must provide documentation that they have attained good academic standing and/or have financial need. This scholarship is to be used to supplement tuition, fees, lab costs, books, or educational supply expenses.

Deadline for Submission: DECEMBER 6, 2025 for spring semester 2026

Please complete entire application and return with documentation

Preferred Option: Scan completed application and supporting paperwork as one document then email to AnnMayCenter@HMH.NJ

Or Mail to: Hackensack Meridian Health, Ann May Center for Nursing
100 Tormee Drive, 2nd Floor, Tinton Falls, NJ 07712

Name _____ Peoplesoft ID # _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email _____ Position _____

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

Campus _____ Unit _____ Nurse Manager _____

Years of Service at Hackensack Meridian *Health* _____

____ Full Time ____ Part Time ____ Per Diem (Amount of days per month at HMH ____)

Name of School: _____

Current Program of Study: _____

GPA for prior semester based on 4.0: _____

Date of Entry _____ Expected Date of Graduation _____

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

Courses this Semester _____

Eligible for Tuition Reimbursement: _____ Full _____ Partial _____ Not eligible
Clinical Advancement Status _____
National Certifications _____
Total Cost of Program: _____ Fees _____ Per Credit _____ Books Current
Scholarships/Financial Aid _____

Membership in Professional Associations: _____
Offices Held: _____
Membership in Hospital Committees: _____
Awards _____
Publications: _____

II. Additional Documentation Required:

- A. Manager Letter of Support, signed and dated**
- B. Peer Letter of support, signed and dated**
- C. Resume or CV**
- D. Transcript and/or proof of registration in an academic program**

III. Personal Statement: Please explain why you merit consideration for this scholarship. Limit your response to no more than two pages. Include any additional, personal, financial or academic points that you would like considered. Include documentation on how you have contributed to an environment of excellence at Hackensack Meridian Health. Please sign and date your statement.

Place a check next to the enclosed documents:

___ Support Letters ___ Resume or CV ___ Transcript ___ 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. I agree to continue to work at Hackensack Meridian Health for one year after receipt of this scholarship.

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.

For more information Email AnnMayCenter@HMHN.org

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORD