

# LLOYD FAMILY NURSING SCHOLARSHIP

A Lloyd Family Nursing Scholarship is the highest honor that can be bestowed upon a nurse within the Hackensack Meridian *Health* Hospitals. The Lloyd Family Nursing Scholarship is awarded annually to nurses who best exemplify the ideals and spirit of Hackensack Meridian Health through Collaboration, Creativity, Courage, Compassion and Connection and who have distinguished themselves at a professional level through their exceptional nursing service. This award recognizes an individual nurse who has made significant contributions to Hackensack Meridian Health Hospitals or the community and has demonstrated outstanding leadership qualities.

## **Eligibility:**

A Lloyd Family Nursing Scholarship recipient will have:

- made an extraordinary nursing contribution to the Hackensack Meridian *Health* Hospitals and/or the community
- demonstrated remarkable nursing vision and passion in all that he/she does
- achieved significant nursing leadership and respect within nursing that has a halo effect on the Hackensack Meridian Health Hospitals
- and is enrolled in a bachelor's, master's or doctoral program of study

## **Award Criteria:**

1. The nominee must be a registered nurse currently employed at a Hackensack Meridian *Health* Hospital.
2. A completed nomination form must be submitted
3. The nominee must demonstrate leadership and commitment to quality of care within his/her practice.
4. An individual **must be nominated** by a colleague or supervisor

**DEADLINE FOR SUBMISSION: March 13, 2026**

**PLEASE DO NOT USE STAPLES**

**KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS**

**LLOYD FAMILY NURSING SCHOLARSHIP  
2026 Nomination Form**

Nominee's Name \_\_\_\_\_ Peoplesoft ID \_\_\_\_\_

Home Street Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Hackensack Meridian *Health* Hospital Campus \_\_\_\_\_ Unit \_\_\_\_\_

Nurse Manager \_\_\_\_\_ Position \_\_\_\_\_

Clinical Advancement Status (if eligible) \_\_\_\_\_ National Certification \_\_\_\_\_

Educational program nominee is enrolled in \_\_\_\_\_

Name of School \_\_\_\_\_

Date of Entry \_\_\_\_\_ Current GPA \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Number of Credits earned to date \_\_\_\_\_ Credits taking this semester \_\_\_\_\_

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Nominated by \_\_\_\_\_ Campus \_\_\_\_\_ Unit \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Attach the following:

1. Curriculum Vitae or Resume
2. Two letters of support, one from the nominee's manager and one from a Hackensack Meridian *Health* Hospital team member, leader or physician.
3. Narrative Statement not to exceed 3 pages addressing one or more of the following criteria:
  - Nominee has made an extraordinary nursing contribution to Hackensack Meridian *Health* Hospitals and/or the community
  - Nominee has demonstrated remarkable nursing vision and passion in all that he/she does
  - Nominee has achieved significant nursing leadership and respect within nursing that has a halo effect on the Legacy Meridian Health Hospitals
4. Any supplemental information that may provide evidence of the nominee's qualifications for this award

**Please complete** entire application, Narrative Statement, attach supporting documentation and return to:

**Preferred Option:** Scan completed application and supporting paperwork as **one document** (not as a link or shortcut) and send 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, NJ 07712

For more information email [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)