

**SALLY HETZLER NURSING SCHOLARSHIP FUND APPLICATION
2026**

INSTRUCTIONS: Sally Hetzler, an outstanding community member and former patient of Riverview Medical Center, is remembered as a true bibliophile who spread her love of books, knowledge, and people throughout the community. Before she died, Sally Hetzler received compassionate, excellent nursing care from the nurses at Riverview Medical Center on the inpatient oncology unit and the in-home hospice program.

To memorialize her exceptional life and love of learning, the family of Sally Hetzler has established a fund in her memory to be used for the education of nurses and nursing students throughout the Hackensack Meridian *Health* campuses of **JSUMC, RMC, BMC, OMC, SOMC** or **RBMC-OB/PA**. Nurses and nursing students of all specialties are invited to apply *but special consideration will be given to those nurses working in oncology.*

The Sally Hetzler Nursing Education Scholarship Fund awards at least one scholarship once per year to eligible Registered Nurses or those enrolled in RN programs who demonstrate outstanding dedication and commitment to excellence in patient care, particularly at the bedside.

Applicants must be employees of the Hackensack Meridian *Health* campuses of **JSUMC, RMC, BMC, OMC, SOMC** or **RBMC-OB/PA** Hospitals for at least one year to be eligible for this award. **This scholarship may be used to supplement tuition, fees, lab, books, or educational supply expenses, or to support program and travel expenses for continuing education.**

DEADLINE: March 13, 2026

Part I:

Name _____ Peoplesoft ID _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email _____

Campus _____ Unit _____

Position _____ 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 or Planned Program of Study _____

Date of Entry _____ Expected Date of Graduation Month/Year _____

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

Course Title(s) this Semester _____

Eligible for Tuition Reimbursement: ____ Full ____ Partial ____ Not Eligible

National Certifications _____

Clinical Advancement _____

Membership in Professional Associations/Offices Held _____

Membership in Hospital Committees _____

Awards _____

Publications _____

II. Personal Statement: Please note that Dr. Peter Hetzler weighs the personal statement very heavily in the selection of the Sally Hetzler scholarship recipient. Please submit with this application a personal statement not to exceed 1 ½ pages defining your personal goals and explaining why you merit consideration for this scholarship. Highest consideration will be given to applicants who document outstanding commitment to excellence in direct bedside nursing care. Please be sure to Address Personal Statement to Dr Peter Hetzler.

III. Additional Documentation Required:

- A. Transcript
- B. Documentation of Program of Study
- C. Resume or CV
- D. Financial Statement of Need (Attached)
- E. 2 Signed and Dated [Letters of Recommendation addressed to Dr. Peter Hetzler](#) from :
 - a. Peer/Colleague
 - b. Manager/Instructor

IV. Must be available for a personal interview with Sally Hetzler Scholarship Sponsor

I attest that all of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Scholarship sponsor. If I am selected to receive a Sally Hetzler 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. All information in this application will be kept confidential.

Signature of Applicant

Date

Questions: Please call Cherie Lamont at 732.751.5115 or Dr. Teri Wurmser at 732.481.8577.

Submit application, personal statement and all additional documentation by March 13, 2026.

Preferred Option: Scan completed application and supporting paperwork as one document. (not as a link or shortcut) then send that 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 LETTERS AND PERSONAL STATEMENTS MUST BE ADDRESSED TO DR. PETER HETZLER

Financial Information for Sally Hetzler Scholarship

Please document all education related expenses and income:

Expenses	Income
Tuition per credit:	Tuition Reimbursement (Semester/Year):
Tuition per semester:	Current Scholarships Received (Past Year):
Books:	
Fees:	
Transportation Costs:	
Student Loans:	Other Financial Aid (Please list):
Child Care costs:	
Personal:	
Total Expenses:	Total Income:

Amount Requested: _____

PLEASE DO NOT USE STAPLES

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS