

**ANN MAY ALLIANCE EDUCATIONAL FUND  
SCHOLARSHIP APPLICATION 2026**

**INSTRUCTIONS:** Scholarships through the Ann May Alliance Educational Fund are offered to Hackensack Meridian *Health*, *Jersey Shore University Medical Center* nurses who work full time, are residents of New Jersey, are enrolled in a graduate nursing program, have completed one year of graduate study, and maintain a 3.0 Grade Point Average (GPA). This scholarship must be used to supplement tuition, fees, lab costs, books, or educational supply expenses.

**Deadline for Submission: July 17, 2026**



Name \_\_\_\_\_ Peoplesoft ID # \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Position \_\_\_\_\_

Campus \_\_\_\_\_ Unit \_\_\_\_\_ Nurse Manager \_\_\_\_\_

Years of Service at Hackensack Meridian \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_

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

Name of College: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_

GPA for prior semester based on 4.0: \_\_\_\_\_

Date of Entry \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Type of Program (Check): \_\_\_\_ MA/MSN \_\_\_\_ PhD/DNSc/EdD \_\_\_\_ Certificate

Graduate Specialization: \_\_\_\_\_

Number of credits in Previous Year: \_\_\_\_ Fall Semester \_\_\_\_ Spring Semester

\_\_\_\_ Credits this semester Total credits earned to date: \_\_\_\_\_ CourseTitle(s)

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: \_\_\_\_\_

Awards \_\_\_\_\_

Publications: \_\_\_\_\_

**II. Additional Documentation Required:**

**A. Transcript documenting 3.0 GPA and completion of 1 year of graduate study (student copy acceptable)**

**B. Resume or CV**

**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. Please sign and date your statement.**

Place a check next to the enclosed documents:

\_\_\_\_\_ Transcript    \_\_\_\_\_ Resume or CV    \_\_\_\_\_ 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.

\_\_\_\_\_  
**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.

**Submit Application along with required Documentation by July 17, 2026**

**Preferred Option: Scan completed application and supporting paperwork as one document (not as a link or shortcut) and send the scanned document by email: [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, Tinton Falls, NJ 07712**

For more information, email the Ann May Center for Nursing: [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)

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