ANN MAY ALLIANCE EDUCATIONAL FUND
2027 SCHOLARSHIP APPLICATION

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, 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 16, 2027

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.

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

For more information, email the Ann May Center for Nursing: AnnMayCenter@HMHN.org