

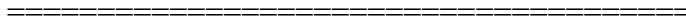
**\*\*\*\*\* DOROTHY KAYWOOD SHAFER \*\*\*\*\***  
**NURSING SCHOLARSHIP AWARD**

The Dorothy Kaywood Shafer Award was established in 2001 to honor the memory of Dorothy Shafer, registered nurse of 49 years.

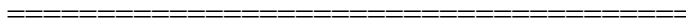
Dorothy exemplified the role of professional nurse and possessed many unique qualities that contributed to her success as an outstanding nurse and person. Through her 25-year tenure at Jersey Shore University Medical Center, Dorothy served in numerous clinical and leadership positions. Among her many fine attributes as a leader in nursing, was her unique ability to bring out the best in her patients and nurses, always setting the standards higher for herself.

As an individual, Dorothy valued honesty and integrity, and could be characterized as a genuinely caring and giving person who had a sincere love and respect for life and people. Not only was she a strong advocate for patients and nursing, which has had a long-lasting impact to many, Dorothy consistently advocated for the advancement of nursing through education. It was her belief that higher education and research opened the doors to endless possibilities and opportunities.

To honor Dorothy's memory, this award will be presented annually during Nurses Week to a *Jersey Shore University Medical Center* Nurse/Nursing Student



- ★ The award may be used to:
- ★ Further the nurse's education
- ★ Initiate a special project
- ★ Conduct research
- ★ Attend a national/international conference



**Award Criteria:**

1. The nurse nominee must have made a significant contribution to nursing or nursing scholarship
2. The nominee must currently be employed by Jersey Shore University Medical Center for at least one year
3. The nominee must demonstrate leadership and commitment to quality of care within his/her practice.
4. An individual may nominate him/herself or may be nominated by a colleague.
5. If the Award will be used to further a nurse's education, enrollment in a nursing program must be documented.
6. Submitted by **March 13, 2026**

**\*\*\*\*\* DOROTHY KAYWOOD SHAFER \*\*\*\*\***  
**NURSING SCHOLARSHIP AWARD**

**INSTRUCTIONS:** Dorothy Kaywood Shafer Scholarships are available for *Jersey Shore University Medical Center* employees who are enrolled in generic nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate, certificate, and/or doctorate program in nursing or related areas.

**Submission Deadline March 13, 2026**

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

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

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

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

Email \_\_\_\_\_ Campus \_\_\_\_\_ Unit \_\_\_\_\_

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

Years of Service at JSUMC \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_

Clinical Advancement Status \_\_\_\_\_

**The Award will be used to (check one):**

- Further the nurse's education
- Initiate a special project
- Conduct research
- Attend a national/international conference

Please write a brief description of the intended use or the Award \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership in Professional Associations/Offices Held \_\_\_\_\_

Membership in Hospital Committees \_\_\_\_\_

Awards \_\_\_\_\_

Publications/Presentation \_\_\_\_\_

\_\_\_\_\_

## Your Application will not be considered without **ALL** of the following

### documentation: Documentation that must be included:

1. \_\_\_ Signed, dated, completed application
2. \_\_\_ Signed, dated Personal statement
3. \_\_\_ Manager support letter\*
4. \_\_\_ Peer support letter\*
5. \_\_\_ Resume/CV
6. \_\_\_ Program cost documentation

\*Previous letters from Nurse Managers and peers can be used for up to ONE calendar year if a copy of the original letter is **re-signed** and **re-dated** for the current scholarship cycle.

Personal Statement (attach to application): Please explain why you merit this scholarship. Limit your response to no more than two pages. Document how you have made significant contributions to nursing and/or how you have demonstrated leadership and commitment to quality care.

Must be available for a personal interview with Dorothy Kaywood Shafer 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 Selection Committee. If I receive and accept a scholarship, I agree to work for HMH for at least one year.

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**Signature of Applicant**

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**Date**

Submit completed application and supporting documentation by **March 13, 2026**

**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

**PLEASE DO NOT USE STAPLES**  
**Keep a copy for your Application for your own Records**