

## Ms. Faye Chastain PCA Memorial Award

This award was established to honor the memory of Ms. Faye Chastain. Ms Faye was part of the Jersey Shore University Medical Center family for over 44 years. She never missed a day of work as a Patient Care Associate. Ms. Faye's commitment and dedication to her calling were motivated by her passion toward her patients and co-workers. She could always be relied upon by her co-workers and consistently gave compassionate care to all her patients. Ms. Faye was a true "team" member who exemplified the "Meridian Way". She was a mentor, friend and true role model who will be deeply missed.

In honor of Ms. Faye's memory this award shall be presented annually at the *Jersey Shore University Medical Center Patient Care Associate Recognition Day* to a Patient Care Associate who exhibits the qualities we all admired in Ms. Faye.

**Amount of Award:** \$500 to be used toward attending work related educational offerings, nursing school cost or obtaining/renewing national certification.

### Award Criteria:

- ★ A current employee within the Jersey Shore University Medical Center who works as a Patient Care Associate in the Acute Care setting.
- ★ The nominee must consistently provide compassionate patient care, demonstrating a commitment to excellence.
- ★ The nominee must consistently work in a collaborative manner with all personnel.
- ★ The nominee must be free of any disciplines and call outs within the last calendar year.
- ★ An individual must be nominated by a colleague (RN or PCA) and have the support of his/her manager. (Letters documenting evidence of award criteria are required from both the nominator and manager not to exceed 2 pages each.)

**DEADLINE: April 16, 2026**

### Part I:

Nominee Name \_\_\_\_\_ Peoplesoft ID # \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_ Position \_\_\_\_\_  
Campus \_\_\_\_\_ Unit/Department \_\_\_\_\_  
Manager's Name \_\_\_\_\_  
How Many Years of Service at Hackensack Meridian Health \_\_\_\_\_  
\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Per Diem (Amount of days per month at HMH \_\_\_\_\_)  
Intended use of Award:  
\_\_\_\_ Educational Offering (name and date of offering) \_\_\_\_\_  
\_\_\_\_ National Certification (name of certification and date of test) \_\_\_\_\_  
\_\_\_\_ Nursing School \_\_\_\_\_  
Name of School \_\_\_\_\_  
Date of Entry \_\_\_\_\_ Expected Date of Graduation Month/Year \_\_\_\_\_  
Eligible for Tuition Reimbursement: \_\_\_\_ Full \_\_\_\_ Partial \_\_\_\_ Not eligible

Membership in Professional Associations \_\_\_\_\_

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

Awards \_\_\_\_\_

Publications \_\_\_\_\_

**Part II: Additional Documentation Required:**

- \_\_\_\_ A. Documentation of intended use
- \_\_\_\_ B. Two signed and dated Letters documenting evidence of award criteria (Not to exceed two pages each):
  - \_\_\_\_ 1. Nominator's letter
  - \_\_\_\_ 2. Manager's letter

**Part III:**

Nominator's Name \_\_\_\_\_

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

Phone(work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

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. All information in this application will be kept confidential.

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN THE APPLICATION ALONG WITH THE REQUIRED DOCUMENTATION**

**Send the entire application, nominator and manager letters, and all additional documentation.**

**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, Tinton Falls, NJ 07712

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

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