

ANN MAY CENTER FOR NURSING
MARK & CINDY LEFKOWITZ MICU/CCU NURSING
SCHOLARSHIP APPLICATION

INSTRUCTIONS: The Mark & Cindy Lefkowitz MICU/CCU scholarship is available for *Jersey Shore University Medical Center* employees who work in the **MICU or CCU** and who are enrolled in pre-licensure nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate, certificate, and/or doctoral programs in nursing or related areas. This award will be presented during Nurses Week.

DEADLINE: March 13, 2026

Program Type: ___ Associate Degree RN Program ___ Bachelors (BSN)
___ Masters ___ Doctoral ___ Certificate

Name _____ **Peoplesoft ID #** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Phone: Home _____ **Work** _____ **Cell** _____

Email Address _____

Years of Service at HMH _____ **Position** _____ **Campus** _____

Unit/Department _____ **Manager's Name** _____

___ **Full Time** ___ **Part Time** ___ **Per Diem (Number of shifts in the past 3 months ___)**

Name of School _____

Current Program of Study _____

Cumulative GPA _____ **Date of Entry** _____ **Expected Date of Graduation** _____

Number of credits this semester _____ **Credits earned to date** _____

Course Title(s) this semester _____

Educational Expenses

Tuition Per Credit Cost _____ Per Semester _____ Fees _____ Books _____

Previous Ann May Scholarship Recipient Dates & Amounts

Documentation that must be included: Application will not be considered without **all** of the following:

- 1. ___ Signed, dated, completed application
- 2. ___ Signed, dated Personal statement
- 3. ___ Resume
- 4. ___ **Two** Letters of support one from your **manager** and one from a **peer/colleague**

I attest that 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 Hackensack Meridian *Health* for at least one year.

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.

Please complete the entire application, including attachments and return.

Preferred Option: Scan completed application and supporting paperwork as one PDF document (not as a link or shortcut) and send scanned 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

For more information email AnnMayCenter@HMHN.org

KEEP A COPY OF THIS SCHOLARSHIP APPLICATION FOR YOUR RECORDS