

**PEGGY WINES SCHOLARSHIP
APPLICATION
2026**

INSTRUCTIONS: Each year the family of Peggy Wines awards a scholarship in her memory to a *Jersey Shore University Medical Center* nurse who works in either the [Cardiovascular](#) or [Cancer/Oncology](#) service and is seeking to advance his/her education at an accredited academic institution. To be eligible for this scholarship, a nurse must reside in *Monmouth County* and must demonstrate financial need.

Please complete the entire application with supporting documentation and return by
Deadline: July 17, 2026

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

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

Part I.

Name _____ Peoplesoft ID # _____

Address: _____

City: _____ County _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____ Position _____

Unit: Cancer/Oncology _____ Cardiovascular _____ Other _____

Nurse Manager _____ Campus _____

Date of Birth _____ Marital Status _____ Number of Dependents _____

Years of Service at JSUMC _____

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

Current or Planned Program of Study _____

Name of School _____

Date of Entry _____ Expected Graduation Date _____

GPA: (If applicable) _____

Number of credits this semester _____ Total credits earned to date _____

Course Title(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 _____

Clinical Advancement Status _____

Certifications _____

Awards _____

Publications _____

Part II. Additional Documentation Required: (Please check if enclosed)

- A. ___ Transcript - Student Copy (If available)
- B. ___ Cost documentation
- C. ___ Resume or CV
- D. ___ Completed application
- E. ___ Personal Statement

Part III. Personal Statement: Please explain why you merit consideration for this scholarship. Limit your response to one to two pages. Include any additional information you feel it is important for the sponsors to consider in selecting the award recipient. Please sign and date your statement.

I attest that the information 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.**

For more information email AnnMayCenter@HMHN.org

Financial Information for Peggy Wines Scholarship

Please document all educational related expenses and support:

Expenses	Financial Support
Tuition: Per Credit Cost	
Tuition: Per Semester	
Books:	Tuition Reimbursement: (Semester/Year)
Fees:	Current Scholarships received (Past Year):
Transportation Costs:	Other Financial Aid (Please list):
Child Care Expenses:	
Student Loans:	
Personal:	
Total Expenses:	Total Financial Support:

PLEASE DO NOT USE STAPLES

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS