

**Hackensack Meridian Ann May Center for Nursing**  
**Dr. Robert H. Harris Scholarship at Ocean Medical Center**  
**Ocean Medical Center Foundation**

**INSTRUCTIONS:** The scholarship is available for nurses and team members at Ocean Medical Center who are enrolled in nursing degree programs including pre-licensure, RN to BSN, graduate, certificate, and/or doctoral programs. The scholarship must be used to pay tuition, fees, technology or books related to the program of study.

Please complete the entire application with a personal statement that includes why you merit consideration for this scholarship and your future goals. Return completed application, personal statement, 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

**Deadline for submission: March 13, 2026**

Name \_\_\_\_\_ PeopleSoft ID Number \_\_\_\_\_

Address \_\_\_\_\_

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

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

Nurse Manager \_\_\_\_\_ Nursing Unit \_\_\_\_\_ Position Title \_\_\_\_\_

Years of Service at MHS \_\_\_\_\_ Campus \_\_\_\_\_

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

Current Program of Study \_\_\_\_\_

Name of School \_\_\_\_\_ Date of Entry \_\_\_\_\_

Expected Date of Graduation Month/Year \_\_\_\_\_

Credits Last Semester \_\_\_\_\_ Total credits earned to date \_\_\_\_\_ GPA \_\_\_\_\_

Credits this Semester \_\_\_\_\_ Course Title(s) this Semester \_\_\_\_\_

Eligible for Tuition Reimbursement: \_\_\_\_ Full \_\_\_\_ Partial \_\_\_\_ Not eligible

**Previous Scholarship Recipient: Type of Scholarship**

Dates \_\_\_\_\_ Amounts \_\_\_\_\_

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

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

National Certifications Held \_\_\_\_\_

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

Awards \_\_\_\_\_

Publications/Presentations/Community Service \_\_\_\_\_

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**Additional Documentation Required:**

- A. \_\_\_ Transcript
- B. \_\_\_ Resume or CV
- C. \_\_\_ Personal Statement (See III below)
- D. \_\_\_ Two letters of recommendation, one from a current professor and one from current manager

**Personal Statement:**

Please sign and date your statement. Please address in a narrative or essay, not to exceed two pages, why you merit consideration for this scholarship. Please include a few paragraphs about what nursing means to you or why you chose nursing as a profession.

**Place check next to the enclosed documents.**

\_\_\_ Transcript \_\_\_ Resume \_\_\_ Personal Statement \_\_\_ Letters

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 including your personal statement.

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

**PLEASE DO NOT USE STAPLES**

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