



THE MEHANDRU AWARD FOR NURSING EXCELLENCE

OCEAN MEDICAL CENTER

The Mehandru Award for Nursing Excellence was established through the generosity of the Mehandru Family to recognize exceptional nurses for their valuable contribution to patient care. This prestigious award signifies Dr. Sushil and Dr. Urmila Mehandru’s strong commitment to nursing and to the promotion of excellence in patient care. The OMC Mehandru Scholarship for Nursing Excellence is presented annually during Nurses Week to an Ocean Medical Center nursing student or registered nurse who on a daily basis exhibits excellence in the delivery of patient care.

Applicants must be **employees of Ocean Medical Center** who are enrolled in generic nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate and certificate programs in nursing or related areas.

This application must be completed and all additional supportive documentation along with your personal statement must be included in order to be considered for scholarship funds.

DEADLINE: March 13, 2026

Program Type: RN Program Bachelors Masters
 Post Masters Certificate Doctoral Other _____

OFFER Participant Yes No

Name _____ **Peoplesoft ID #** _____

Street Address _____

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

Telephone: Home (____) _____ **Work** (____) _____ **Cell** (____) _____

Email _____

Unit _____ **Nurse Manager** _____

Position _____ **Years of Service at MH** _____

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

Name of School _____ **Date of Entry** _____

Current Program of Study _____

Cumulative GPA _____ **Expected Date of Graduation (M/Year)** _____

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

Course Title(s) this semester _____

Professional Involvement:

_____ **Clinical Advancement Status Level:** _____

_____ **National Certifications** _____

_____ **Awards/Honors in the last 2 years** _____

_____ **Publications/Presentations in the last 2 years** _____

_____ **Membership in Hospital Committees** _____

_____ **Membership in Professional Organizations** _____

_____ **Community Service:** _____

_____ **Previous Ann May Scholarship Recipient Dates/Amount** _____

Educational Expenses:

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

Educational Support

Eligible for Tuition Reimbursement: _____ **Full** _____ **Partial** _____ **Not eligible Scholarship**

Amounts Received (past year) _____ **Other**

Financial Aid (please list) _____

DOCUMENTATION THAT MUST BE ATTACHED:

_____ **Manager Support Letter signed and dated***

_____ **Peer Support Letter signed and dated***

_____ **Personal Statement signed and dated****

_____ **Resume/CV**

____ Proof of acceptance into nursing program or copy of current course registration

____ Student copy of transcript

*Previous Manager Support Letters, Peer Letters, and the Personal Statement can be used for up to ONE calendar year if a copy of the original form/personal statement is re-signed and re-dated for the current scholarship cycle.

**Personal Statement: Please explain why you merit this scholarship by discussing your contribution to excellence in patient care. Limit your response to no more than two pages. Include academic, personal, and /or financial information you feel should be considered by the selection committee. Please sign and date your statement.

I attest that 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.

DEADLINE FOR SUBMISSION: March 13, 2026

Submit your completed application and supporting documentation and return by:

Preferred Option: Scan completed application and supporting paperwork as one document (not as 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 YOUR SCHOLARSHIP APPLICATION FOR YOUR RECORDS