

Hackensack Meridian Health
Ann May Center for Nursing and Allied Health
Ocean Medical Center

George and Lorraine Kerr, RN, Memorial Scholarship Application

INSTRUCTIONS: To honor the memory of Lorraine Kerr, RN, the Kerr family, (Nancy Kerr, Lorraine's daughter and Manager of Infection Prevention at Ocean Medical Center), has established a nursing scholarship in her memory.

Lorraine Kerr was a 1948 graduate of the Passaic General Hospital School of Nursing. She held her nursing practice to the highest standard, with strong ethical values. She possessed a genuine and gifted spirit, with a quick wit and generous heart. This scholarship was established to provide an opportunity to assist nursing students in pursuing their professional goals and interests.

This scholarship is available for Ocean Medical Center nurses/team members pursuing their Bachelor or Advanced degrees in Nursing who demonstrate outstanding dedication and commitment to excellence in patient care, particularly at the bedside.

Please complete the entire application and enclose a personal statement that includes a few paragraphs about what nursing means to you or why you chose nursing as a profession.

Complete the entire application with supporting documentation and return.

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

Deadline for submission: March 13, 2026

Name _____ Peoplesoft ID # _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell/Beeper _____

Position _____ Email _____

Nurse Manager _____ Nursing Unit _____

Campus _____ Years of Service at Hackensack Meridian Health _____

____ 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 _____

Additional Documentation Required:

- A. ___ Transcript
- B. ___ Resume or CV
- C. ___ Personal Statement
- D. ___ Two letters of recommendation, one from a current professor and one from current manager addressed to the **Kerr Family**

Personal 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.

Please sign and date your statement.

Place check next to the enclosed documents.

___ Transcript ___ Resume ___ Personal Statement ___ Recommendation 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

KEEP A COPY OF THIS SCHOLARSHIP APPLICATION FOR YOUR RECORDS