

# DAVID A. JASPER SCHOLARSHIP APPLICATION

2026

**INSTRUCTIONS:** Prior to his death, longtime and beloved Riverview employee David A. Jasper, set up a fund to provide scholarships for Riverview nurses and other employees interested in pursuing their clinical education. Five \$1,000 scholarships are available for Fall 2026.

To be eligible, applicants must wish to pursue a program of clinical education and must have been employed full time for at least one year at *Riverview Medical Center*. This scholarship must be used to supplement tuition fees, lab, educational, book, or educational supply expenses. Please complete entire application and return by:

## DEADLINE JULY 17, 2026

Please complete the entire application and return with supporting documentation.

**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

Name \_\_\_\_\_ Peoplesoft ID # \_\_\_\_\_

Address \_\_\_\_\_

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

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

Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Campus \_\_\_\_\_

Unit/Department \_\_\_\_\_ Manager's Name \_\_\_\_\_

Years of Service at RMC \_\_\_\_\_

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

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

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 \_\_\_\_\_

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 \_\_\_\_\_

Awards: \_\_\_\_\_

Publications: \_\_\_\_\_

**II. Your application will not be considered without ALL of the following documentation:**

Place a check next to the enclosed documents.

- 1. Signed, dated complete application
- 2. Signed, dated Personal Statement
- 3. Signed, dated Manager support letter
- 4. Signed, dated Peer support letter
- 5. Resume/CV

**III. Personal Statement: Please submit one-page narrative which defines your personal goals and explains why you merit consideration for this scholarship. Please sign and date your statement.**

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. If I am selected to receive a David A. Jasper Scholarship, I understand that I will be required to submit a one-page letter outlining how the scholarship dollars were used, and how the scholarship helped in the pursuit of my career goals.

\_\_\_\_\_  
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](mailto:AnnMayCenter@HMHN.org)

**Financial Information for David A. Jasper Scholarship**

**Please document all educational related expenses and support:**

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

**Please attach documentation for all educational related expenses and support:**

**PLEASE DO NOT USE STAPLES**

**PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS**