

**HACKENSACK MERIDIAN HEALTH**  
**Palisades Medical Center**  
**Thomas M. Eastwick Nursing Scholarship**  
**2026 APPLICATION**

**INSTRUCTIONS:** Scholarships through the **Thomas M. Eastwick Nursing Scholarship** are available for Hackensack Meridian *Health Palisades Medical Center* nurses or nursing students who are enrolled in generic nursing programs (RN), upper division nursing programs (BSN), or advanced degree programs in nursing (MSN, DNP/PhD). Applicants must provide documentation that they have attained good academic standing. This scholarship is to be used to supplement tuition, fees, lab costs, books, or educational supply expenses.

**Deadline for Submission: April 10, 2026**

**Four Scholarships will be awarded during Nurses Week 2026**

**Please complete the entire application and return with documentation.**

**Preferred Option: Scan completed application and supporting paperwork as one document (not as a link or shortcut) then email to [AnnMayCenter@HMHN.ORG](mailto:AnnMayCenter@HMHN.ORG)**

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

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ Position \_\_\_\_\_

Campus \_\_\_\_\_ Unit \_\_\_\_\_ Nurse Manager \_\_\_\_\_

Years of Service at Hackensack Meridian *Health* \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Per Diem

Name of School: \_\_\_\_\_

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

GPA for prior semester based on 4.0: \_\_\_\_\_

Date of Entry \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Number of credits this semester \_\_\_\_\_ Total credit earned to date: \_\_\_\_\_

Courses this Semester \_\_\_\_\_

Clinical Advancement Status (current stage in your nursing program, for example: Pre Clinical Nursing Student, Level 1/First Year Clinical Student, Accelerated BSN Student, etc.) \_\_\_\_\_

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

Total Cost of Program: \_\_\_\_\_ Fees \_\_\_\_\_ Per Credit \_\_\_\_\_ Books \_\_\_\_\_

List all Current Scholarships/Financial Aid and Amounts \_\_\_\_\_

Membership in Professional Associations: \_\_\_\_\_

Offices Held within the Professional Associations:

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

Award (Both Educational and Employment Related):

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

**II. Additional Documentation Required:**

- A.** Leader Letter of Support, signed and dated
- B.** Peer Letter of support, signed and dated
- C.** Resume or CV
- D.** Transcript and/or proof of registration in an academic program

**III. Personal Statement:** Please explain why you merit consideration for this scholarship. Limit your response to no more than two pages. Include any additional, personal, financial or academic points that you would like considered. Include documentation on how you have contributed to an environment of excellence at Hackensack Meridian Health. Please sign and date your statement.

Place a check next to the enclosed documents:

\_\_\_ Peer and Leader Letters \_\_\_ Resume or CV \_\_\_ Transcript \_\_\_ Personal Statement

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. I agree to continue to work at Hackensack Meridian Health for one year after receipt of this scholarship.

\_\_\_\_\_  
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 questions and/or more information, Email [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)

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