An Award for Compassion in Nursing Care

Dawn’s Gift was established in 1998 through the generosity of the Hein family in memory of Dawn Byrnes. Dawn Byrnes graduated in 1997 from the Helene Fuld School of Nursing and worked as the charge nurse in long term care before her untimely death during childbirth in 1998. Dawn was a tribute to the nursing profession and is lovingly remembered as a nurse who gave her all to the patients entrusted to her care.

To honor Dawn’s memory, this award will be presented annually during Nurses Week to a Jersey Shore University Medical Center licensed practical or registered nurse who has exhibited exceptional kindness, caring and compassion in the delivery of patient care.

Award Criteria:

1. The nominee must be a licensed practical nurse or a registered nurse
2. The nominee must currently be employed by Jersey Shore University Medical Center.
3. The nomination must document how the nominee has exhibited a pattern of compassionate nursing care or relate a particular incident of extraordinary compassion.
4. An individual may nominate him/herself or may be nominated by a colleague, patient, manager or physician. A completed application form must be submitted.

AMOUNT OF AWARD: $1,000

DEADLINE FOR NOMINATION: MARCH 20, 2017
Ann May Center for Nursing
DAWN’S GIFT
2017 Nomination Form – Deadline March 20, 2017

Nominee’s Name_________________________________Employee ID_________________

Home Street Address__________________________________________________________________________

City________________________State__________Zip Code____________________________

Phone #: Home_________________Cell________________Work_______________

Email_____________________________________Position_______________________

Campus_____________________________Unit____________________________________

Nominated by:

Name___________________________________Position___________________________

Campus__________________________Unit____________________________________

Phone #: Home_________________Work_______________Cell________________

Email_______________________________________________________

Attach the following:

1. Narrative Statement not to exceed 2 pages addressing:
   ♦ How the nominee exhibits a commitment to excellence and exceptional compassion in patient care
   ♦ Narrative may document either how the nominee has exhibited a pattern of compassionate nursing care or relate a single incident of extraordinary compassion.

2. Any additional documentation to support the nomination (Optional and may include letters of support, thank you letters from patients etc.)

Return to: Ann May Center for Nursing and Allied Health
1350 Campus Parkway, Suite 1d
Neptune, NJ 07753
Or Fax to 732-481-8597
Or Email AnnMayCenter@MeridianHealth.com

For more information, call 732-481-8577/8570

PLEASE DO NOT USE STAPLES
KEEP A COPY OF YOUR APPLICATION
Form W-9
Request for Taxpayer Identification Number and Certification

**Part I**

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your Social Security Number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have an EIN, see How to get a TIN on page 9.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II**

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person

Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a witholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.