2020

****ALUMNI****

ANN MAY SCHOOL OF NURSING ALUMNI

SCHOLARSHIP APPLICATION

HACKENSACK MERIDIAN HEALTH

Open to ALL Ann May School of Nursing Alumni

who work at Hackensack Meridian Health and are enrolled in a nursing program.

Please supply the date you graduated from Ann May School of Nursing/AMSON (__________)

INSTRUCTIONS: Ann May School of Nursing (AMSON) Alumni Scholarships are available for:

Jersey Shore University Medical Center, Ocean Medical Center, Riverview Medical Center, Southern Ocean Medical Center, Bayshore Medical Center, Raritan Bay Medical Center at Perth Amboy or Old Bridge in addition to locations also included is Meridian Health Affiliates. Employees must be enrolled in upper division nursing programs (RN to BSN), or advanced degree programs including graduate and certificate programs in nursing or related areas in order to apply. Please complete entire application and return to the Ann May Center for Nursing and Allied Health with supporting documentation. This scholarship must be used to supplement tuition, fees, lab costs, books, or educational supply expenses.

Scholarship cycle:  ____SPRING 2020  Deadline: due December 13, 2019

Or

____FALL 2020  Deadline: due July 24, 2020

Program Type:  ___Bachelors   ___Masters   ___Doctoral

___ Post Masters Certificate

___ Other ________________________________

Legacy Meridian Health Campuses:  ___JSUMC ___RMC ___OMC ___SOMC

___BCH  Raritan Bay Medical Center  ___(Perth Amboy)  ___(Old Bridge)

___MH Affiliate Site Location (________________________)  ___Corporate

Name _______________________________ Peoplesoft ID # __________________

Address ______________________________________________________________________

City_____________________________ State__________ Zip Code___________

Telephone: Home_________________ Work ________________ Cell_________________

Maiden Name___________________ Email_____________________________________

No. of Dependents________  Marital Status_______ Years of Service at Meridian _______

Position/Title ________________________________

Name of Nurse Manager___________________ Nursing Unit_________________

____ Full Time  _____ Part Time  _____ Per Diem (Amount of days per month at HMH____)

Eligible for Tuition Reimbursement  ___Full  _____Partial  _____Not eligible

Current Program of Study:

Name of College_____________________________ Date of Entry ___________________

GPA for prior semester based on 4.0__________ Cumulative GPA________________

Expected Date of Graduation Month/Year ________________________________________
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. Manager support letter, dated*  
4. Peer support letter, dated*  
5. Resume or CV  
6. Proof of acceptance into nursing Program/course registration  
7. If previous recipient, evidence of completion of coursework (Grade Report) or current student transcript

*Previous letters from Nurse Manager, Peers and the personal statement can be used for up to ONE calendar year if a copy of the original letter/personal statement is re-signed and re-dated for current scholarship cycle.

III. Personal Statement: Please explain why you merit this scholarship. 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. If I receive and accept a scholarship, I agree to work for Meridian Health for at least one year.

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.

MAIL TO: Teri Wurmser, Ph.D., RN OR FAX to 732-481-8597
Ann May Center for Nursing and Allied Health
1350 Campus Parkway, Suite 101
Neptune, NJ 07753

For more information email AnnMayCenter@HackensackMeridan.org or call 732-481-8570
# Financial Information

Please document all educational related expenses and support:

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

Total Expenses: Total Financial Support:

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS

PLEASE DO NOT USE STAPLES