The National Code of Ethics for Nurses states that a nurse, in all professional relationships, will practice with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes or nature of health problems. The Code continues to say that a nurse promotes, advocates for, and strives to protect the health, safety and rights of the every patient under the nurse’s care.

Barbara Forfar or “Foof” as she was called by her fellow nurses and other colleagues in the operating room at the Ocean Medical Center, not only abided by these ethics and responsibilities throughout her forty-four years of nursing service, but was dedicated and passionate about all of them, every single minute of every single day while she was on duty. She will be greatly missed by her family, her friends and by everyone in the medical profession who has ever worked alongside her.

To honor her memory and dedication to the nursing profession, her family, in connection with the Ocean Medical Center Foundation, has established The Barbara “Foof” Forfar Nursing Scholarship Fund. The fund will award one (or more) $500 scholarship during September of each year to eligible applicants.

To qualify, the applicant must be an employee or nursing student at Ocean Medical Center and be enrolled in a RN program, an upper division program (RN to BSN) or advanced degree program (MSN, PhD) in nursing. All Ocean Medical Center nurses and nursing students from all OMC practice areas are invited to apply but special consideration will be given to those applicants having an interest in operating room practices, procedures, techniques and technology and those nurses who are on the CARE program.

This scholarship must be used to supplement tuition, fees, lab costs, books or educational supply expenses.

The Barbara “Foof” Forfar Nursing Scholarship will be awarded at Hackensack Meridian Health, Ocean Medical Center campus during the month of September.

DEADLINE: JULY 24, 2020

Please complete the entire application, sign, date and return by JULY 24, 2020 to:

   Teri Wurmser, PhD, MPH, RN  
   Ann May Center for Nursing and Allied Health  
   1350 Campus Parkway, Suite 101  
   Neptune, NJ 07753  
   Telephone: 732-481-8570/732-481-8578   Fax: 732-481-8597  
   Email: AnnMayCenter@HackensackMeridian.org
Barbara Forfar “Foo” Scholarship

Name________________________________________Peoplesoft ID # ________________

Address:________________________________________________________________________

City:________________________State__________Zip Code__________

Telephone: Home___________Work______________Cell____________________

Date of Birth________Marital Status____No. of Dependents ________

Position/Title__________Email Address________________________________________

OMC Practice Area ________________________________Nursing Unit_____________________

Current or Planned Program of Study:

Name of School/Institution:__________________________________________________________

Program of Study: _____RN _____BSN _____MSN _____PhD _____Certificate

Specialty:___________________________________________________________

Date/Expected Date of Entry in program_________GPA: (If applicable)____________

Expected Date of Graduation or Date of Course Completion__________________________

Number of credits this semester _______Total credits earned________________________

Name of Course/Courses this semester______________________________________________

Eligible for Tuition Reimbursement: Full ____Partial ____Not eligible____________________

Total Cost of Program: Fees _________Per Credit ______ Books________________________

Current Scholarships/Financial Aid_______________________________________________

Membership in Professional Associations__________________________________________
Barbara Forfar “Foof” Scholarship

Offices Held

Membership in Hospital Committees

CARE level achieved

Awards

Publications

Application WILL NOT be considered without all of the following:

1. Fully completed and signed application
2. Signed and dated personal statement
3. Proof of enrollment/attendance
4. At least one written reference from a supervisor

Personal Statement:
Please submit a personal statement (not to exceed two pages) which includes (1) a brief summary of your background, future nursing & educational interests and why you merit consideration for this scholarship (2) what nursing means to you and why you chose nursing as a profession and (3) how this scholarship if awarded to you, will be used to help continue your nursing education and career.

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Scholarship Selection Committee. If I am selected to receive the Barbara “Foof” Forfar Nursing 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.