The Dorothy Kaywood Shafer Award was established in 2001 to honor the memory of Dorothy Shafer, registered nurse of 49 years.

Dorothy exemplified the role of professional nurse and possessed many unique qualities that contributed to her success as an outstanding nurse and person. Through her 25 year tenure at Jersey Shore University Medical Center, Dorothy served in numerous clinical and leadership positions. Among her many fine attributes as a leader in nursing, was her unique ability to bring out the best in her patients and nurses, always setting the standards higher for herself.

As an individual, Dorothy valued honesty and integrity, and could be characterized as a genuinely caring and giving person who had a sincere love and respect for life and people. Not only was she a strong advocate for patients and nursing, which has had a long lasting impact to many, Dorothy consistently advocated for the advancement of nursing through education. It was her belief, that higher education and research opened the doors to endless possibilities and opportunities.

To honor Dorothy's memory, this award will be presented annually during Nurses Week to a Jersey Shore University Medical Center Nurse/Nursing Student

Award Criteria:
1. The nurse nominee must have made a significant contribution to nursing or nursing scholarship
2. The nominee must currently be employed by Jersey Shore University Medical Center for at least one year
3. The nominee must demonstrate leadership and commitment to quality of care within his/her practice.
4. An individual may nominate him/herself or may be nominated by a colleague.
5. If the Award will be used to further a nurse’s education, enrollment in a nursing program must be documented.
6. Submitted by March 20, 2020
INSTRUCTIONS: Dorothy Kaywood Shafer Scholarships are available for Jersey Shore University Medical Center employees who are enrolled in generic nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate, certificate, and/or doctorate program in nursing or related areas. Please complete entire application and mail along with supporting documentation to Hackensack Meridian Health, Ann May Center for Nursing and Allied Health, 1350 Campus Parkway, Suite 101, Neptune, NJ 07753 by submission date: March 20, 2020.

Name ____________________________________________ Peoplesoft ID# __________________

Home Address _______________________________________________________________________

City__________________________ State__________ Zip________________________

Telephone: Home ______________ Work _______________ Cell____________________

Email__________________________________________ Campus___________ Unit________________

Position_________________________________ Nurse Manager_______________________________

Years of Service at JSUMC _________ Full Time ______ Part Time _____ Per Diem ______

CARE Level Achieved _______________________________________________________

The Award will be used to(check one):

   ____ Further the nurse’s education
   ____ Initiate a special project
   ____ Conduct research
   ____ Attend a national/international conference

Please write a brief description of the intended use or the Award_________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Membership in Professional Associations/Offices Held _________________________________________

Membership in Hospital Committees ______________________________________________________

Awards ________________________________________________________________________________

Publications/Presentation __________________________________________________________________

____________________________________________________________________________________

Your Application will not be considered without ALL of the following documentation:
Documentation that must be included:

1. Signed, dated, completed application
2. Signed, dated Personal statement
3. Manager support letter*
4. Peer support letter*
5. Resume/CV
6. Program cost documentation

*Previous letters from Nurse Managers and peers can be used for up to ONE calendar year if a copy of the original letter is re-signed and re-dated for current scholarship cycle.

Personal Statement (attach to application): Please explain why you merit this scholarship. Limit your response to no more than two pages. Document how you have made significant contribution to nursing and/or how you have demonstrated leadership and commitment to quality care.

Must be available for a personal interview with Dorothy Kaywood Shafer Sponsor.

I attest that 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 receive and accept a scholarship, I agree to work for MH for at least one year.

_______________________________________________ __________________
Signature of Applicant      Date

PLEASE DO NOT USE STAPLES

SAVE A COPY OF YOUR APPLICATION FOR YOUR OWN RECORDS