To honor the life and memory of Frank Hedges, his family has established this nursing scholarship in his name. Frank Hedges dedicated his life to his family and to his wife, Christine, a nursing scholar and professional. Frank’s love of literature, history, and art were marked by his unmistakable wit, his elegant writing, and his remarkable ability to engage and enlighten friends. Through the final days of his life, he received excellent care from the nurses of Jersey Shore University Medical Center as well as Hackensack University Medical Center. While his death was tragic, his illness was eased by the compassionate treatment he received from the nurses who cared for him day and night.

To honor the life and memory of Frank Hedges, the husband of Dr. Christine Hedges, his family has established this nursing scholarship in his name. This scholarship is available for All JSUMC, RMC, OMC, BMC, and SOMC Hackensack Meridian Health nurses pursuing their Bachelor or Advanced degrees in Nursing. Nurses of all specialties are invited to apply.

To qualify, an individual must be an JSUMC, OMC, RMC, SOMC, BMC registered nurse enrolled in an upper division nursing program (RN to BSN) or an advanced degree (Masters, Doctorate or Certificate) program in nursing.

Please complete the entire application and return to:
Ann May Center for Nursing and Allied Health
1350 Campus Parkway, Suite 101
Neptune, NJ 07753

Deadline for submission: March 20, 2020
Frank S. Hedges Memorial Scholarship

Name ___________________________ Peoplesoft ID # __________________________
Address __________________________________________________________________________
City_______________________________ State _______________ Zip Code ________________
Telephone: Home___________________ Work_________________ Cell ______________________
Email______________________________________ Position _____________________________
Campus_________ Unit______________ Nurse Manager___________________________

Years of Service at Meridian Health_____________

_____ Full Time____ Part Time____ Per Diem (Amount of hours per month at HMH____)

Current Program of Study_____________________________ Date of Entry______________

Name of School_____________________________ Expected Date of Graduation__________

Credits Last Semester _______ Total credits earned to date _________ GPA __________

Credits this Semester _______ Course Title(s) this Semester_____________________________

Eligible for Tuition Reimbursement:   ____Full      ____ Partial        ____Not eligible

Previous Scholarship Recipient: Type of Scholarships ________________________________

Dates ___________________________________ Amounts _________________________________

Membership in Professional Associations/Offices Held __________________________________

CARE Status__________________ National Certifications ____________________________

Membership on Hospital Committees_______________________________________________

Awards/Honors______________________________________________________________

Publications/Presentations/Projects______________________________________________

______________________________________________________________________________

Community Service ____________________________________________________________

______________________________________________________________________________
Additional Documentation Required:

A. Resume or CV
B. Personal Statement (See below)
C. Two letters of recommendation, one from your current manager and one from a peer.

Personal Statement (not to exceed two pages). Please sign and date your statement.
Please address in essay format, why you merit consideration for this scholarship (Limit your essay to 2 pages). Include information on what nursing means to you and your future goals and aspirations as you advance in the profession of nursing.

Place check next to the enclosed documents.
_____Resume or CV _____Personal Statement
_____Peer Letter _____Manager Letter

The information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee.

________________________________________________________________________
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 including your personal statement.

For more information, call The Ann May Center at 732-481-8570

Mail application to: Ann May Center for Nursing and Allied Health
1350 Campus Parkway, Suite 101
Neptune, NJ 07753

Or Fax to: 732-481-8597

Or interoffice mail to: Ann May Center for Nursing and Allied Health (CORP)
1350 Campus Parkway, Suite 101, Neptune, NJ 07753
Attention: Dr Teri Wurmsner

PLEASE DO NOT USE STAPLES
MAKE A COPY OF YOUR APPLICATION FOR YOUR OWN RECORDS