PATRICIA LEONE NURSING SCHOLARSHIP
APPLICATION
2020

INSTRUCTIONS: The Patricia Leone Nursing Scholarship Fund has been established to honor the memory of a friend and colleague, Pat Leone, a “true nurse”. Each year, one $500 scholarship is awarded to an eligible Riverview Medical Center nurse wishing to pursue a generic or advanced degree in nursing. To be eligible, applicants must work full or part time at Riverview Medical Center. This scholarship must be used to supplement tuition fees, lab, educational book, or educational supply expenses. Please complete entire application and return with proper documentation by JULY 24, 2020 to:

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

Or FAX: 732.481.8597

Or EMAIL: AnnMayCenter@HackensackMeridian.org

Name__________________________________Peoplesoft ID #____________________
Address________________________________________________________________
City______________________________State___________Zip Code_____________
Telephone: Home_____________Work_________________Cell_________________
Email Address_______________________________Position_________________
Campus___________Unit____________________Manager____________________
Date of Birth_______________Marital Status_________No. of Dependents________
Years of Service at Riverview Medical Center___________
Current or Planned Program of Study______________________________________
Name of School_________________________________________________________
Date of Entry__________________Expected Graduation Date___________________
GPA: (If applicable)________
Number of credits this semester______Total credits earned to date_______
Courses Title(s) 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:____________________________________
________________________________________________________________________
Offices Held____________________________________________________________
Membership in Hospital Committees_______________________________________
________________________________________________________________________
C.A.R.E. Status____________________________________________________
Awards______________________________________________________________
Publications____________________________________________________________
________________________________________________________________________

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           ____4. Signed, dated Peer support letter
___2. Signed, dated Personal statement              ____5. Resume/CV
___3. Signed, dated Manager support letter

III. Personal Statement: Please submit one page narrative which defines your personal goals and explains why you merit consideration for this scholarship. Please sign and date your statement.

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 am selected to receive a Patricia Leone 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.

For more information call the Ann May Center for Nursing: 732-481-8570/8578
## 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>
</tr>
<tr>
<td>Fees:</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Personal:</td>
<td></td>
</tr>
</tbody>
</table>

**Total Expenses:** | **Total Financial Support:**

**PLEASE DO NOT USE STAPLES**

**PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS**