

2021
 ****ALUMNI****
HACKENSACK MERIDIAN HEALTH
ANN MAY SCHOOL OF NURSING ALUMNI
SCHOLARSHIP APPLICATION

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:

All of Hackensack Meridian Health Hospital employees in addition to locations that are considered 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 2021 Deadline: due December 7, 2020

Or

Program Type: _____ FALL 2021 Deadline: due July 23, 2021

_____ Bachelors _____ Masters _____ Doctoral

_____ Post Masters Certificate

_____ Other _____

Hackensack Meridian Health Campuses:

Hospital Campus Location: _____

_____ HMH Affiliate Site Location (_____)

_____ Corporate offices (_____)

Name _____ Peoplesoft ID # _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Maiden Name _____ Email _____

No. of Dependents _____ Marital Status _____ Years of Service at HMH _____

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 _____

Number of credits: Total credits earned to date _____ Credits this semester _____

Course Title(s) this semester _____

Previous Ann May Scholarship Recipient: Dates/Amounts _____

Membership in Professional Associations/Offices Held _____

Clinical Ladder Status _____

Membership in Hospital Committees/Office Held _____

Awards _____

AMSON Alumni Activity (Be specific within past 5 years) _____

Publications/Presentations _____

Community Service _____

National Certifications Held _____

**II. Your Application will not be considered without all of the following documentation:
Place a check next to the enclosed documents.**

- | | |
|--|--|
| <input type="checkbox"/> 1. Signed, dated complete application | <input type="checkbox"/> 6. Proof of acceptance into nursing
Program/course registration |
| <input type="checkbox"/> 2. Signed, dated Personal statement* | <input type="checkbox"/> 7. If previous recipient, evidence of
completion of coursework (Grade
Report) or current student transcript |
| <input type="checkbox"/> 3. Manager support letter, dated* | |
| <input type="checkbox"/> 4. Peer support letter, dated* | |
| <input type="checkbox"/> 5. Resume or CV | |

*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.

PREFERRED OPTION SCAN and EMAIL TO: AnnMayCenter@HHMN.org

OR MAIL TO: Ann May Center for Nursing and Allied Health, 1350 Campus Parkway,
Suite 101, Wall, NJ 07753

OR FAX TO: 732-481-8597

For more information email AnnMayCenter@HMHN.org or call 732-481-8570

Financial Information for AMC Alumni Scholarship

Please document all educational related expenses and support:

Expenses	Financial Support
Tuition: Per Credit Cost	Tuition Reimbursement: (Semester/Year)
Tuition: Per Semester	
Books:	Current Scholarships received (Past Year):
Fees:	
Transportation Costs:	
Student Loans:	Other Financial Aid (Please list):
Child Care Expenses:	
Personal:	
Total Expenses:	Total Financial Support:

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS

PLEASE DO NOT USE STAPLES