JAMES F. ACKERMAN FEDERATION (Yesterday's Best Thrift Shop Scholarship) APPLICATION 2021

INSTRUCTIONS: Scholarships through the James F. Ackerman Federation' Yesterday's Best Thrift Shop are available for Jersey Shore University Medical Center (JSUMC) <u>nurses or nursing students</u> who are enrolled in generic nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate and certificate programs in nursing or related areas. JSUMC employees in other disciplines <u>pursuing a degree in the health professions</u> are also invited to apply. Applicants must provide documentation on specific contributions that they have made to an environment of excellence at JSUMC, that they have attained good academic standing and/or have financial need. This scholarship must be used to supplement tuition, fees, lab costs, books, or educational supply expenses.

Deadline for Submission: July 23, 2021.

| Name | | Peoplesoft ID # | | | |
|--|------------------------|----------------------|------------------|-----------------|--|
| Address | | | | | |
| | StateZip Code | | | | |
| Telephone: Home | Work | C | Cell | | |
| Position/Title | Name of Nurse | e Mgr | | | |
| Date of Birth | No. of Dependents | | ndents | | |
| Campus | Unit | UnitYears of Service | | | |
| Email addressPart 1 | | | | — nth at HMH | |
| Current Degree you are | | | | | |
| Name of College: | | | | | |
| GPA for prior semester | based on 4.0: | | | | |
| Date of EntryExpected Date of Graduation | | | | | |
| Graduate Specialization | | | | | |
| Number of credits take | n this past year:S | pring Semes | ster | _ Fall Semester | |
| Credits taking this sem | ester Total credits ea | arned to dat | e | | |
| Courses this Semester_ | | | | | |
| Eligible for Tuition Rein | mbursement:I | P | artial | Not eligible | |
| Total Cost of Program. | Fees | Per Cr | Per Credit Rooks | | |

| Current Schol | arships/Financial Aid | | |
|----------------------------|--|--|--|
| Membershipi | n Professional Associations: | | |
| Offices Held: | | | |
| Membership i | n Hospital Committees: | | |
| Awards | | | |
| Publications: _ | | | |
| A. Let B. Let C. Res | Additional Documentation Required: A. Letter of Support from Manager, signed and dated \(\) B. Letter of Support from_Peer, signed and dated C. Resume or CV D. Transcript (student copy accepted) | | |
| scholai person docum | II. Personal Statement: Please explain why <u>you</u> merit consideration for this scholarship. Limit your response to one to two pages. Include any additional, personal, financial or academic points that you would like considered. Include documentation on how you have contributed to an environment of excellence at JSUMC. Please sign and date your statement. | | |
| Place a check | next to the enclosed documents: | | |
| Transo | eriptResume or CVPersonal Statement2 Letters | | |
| for scholarship | mation contained in this application is correct. I agree to accept all decisions s made by the Selection Committee. I agree to continue to work at JSUMC for receipt of this scholarship. | | |
| Signature of A | Applicant Date | | |
| | provided in this application will be kept confidential. Please make sure that the mplete and includes all additional documentation required as well as your personal | | |
| Please return | completed application along with documentation by July 23, 2021 to: | | |
| Preferred Opt | ion - Scan and email to: AnnMayCenter@HMHN.org | | |
| Or Mail to: | Hackensack Meridian Health 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, call the Ann May Center for Nursing: 732-481-8577 or 732-481-8570 or Fax 732-481-8597