

**ANN MAY ALLIANCE EDUCATIONAL FUND
SCHOLARSHIP APPLICATION
2021**

INSTRUCTIONS: Scholarships through the Ann May Alliance Educational Fund are offered to Hackensack Meridian Health, Jersey Shore University Medical Center nurses who work full time, are residents of New Jersey, are enrolled in a graduate nursing program, have completed one year of graduate study, and maintain a 3.0 Grade Point Average (GPA). 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 _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email _____ Position _____

Campus _____ Unit _____ Nurse Manager _____

Years of Service at Hackensack Meridian _____

Date of Birth _____ Marital Status _____ No. of Dependents _____

____ Full Time ____ Part Time ____ Per Diem (Amount of days per month at HMH ____)

Name of College: _____

Current Program of Study: _____

GPA for prior semester based on 4.0: _____

Date of Entry _____ Expected Date of Graduation _____

Type of Program (Check): _____ MA/MSN _____ PhD/DNSc/EdD _____ Certificate

Graduate Specialization: _____

Number of credits in Previous Year: _____ Fall Semester _____ Spring Semester

____ Credits this semester Total credits earned to date: _____

Course 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: _____

Awards _____

Publications: _____

II. Additional Documentation Required:

A. Transcript documenting 3.0 GPA and completion of 1 year of graduate study (student copy acceptable)

B. Resume or CV

III. Personal Statement: Please explain why you merit consideration for this scholarship. Limit your response to no more than two pages. Include any additional, personal, financial or academic points that you would like considered. Please sign and date your statement.

Place a check next to the enclosed documents:

_____ Transcript _____ Resume or CV _____ Personal Statement

All of 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 as well as your personal statement.

Please complete entire application and return with supporting documentation to:

Preferred Option - 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 732-4818570 or
email AnnMayCener@HMHN.ORG

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS