

**Hackensack Meridian Health - Bayshore Medical Center
Foundation Friends and Family Nursing Scholarship**

2021 Application

INSTRUCTIONS: The Foundation Friends and Family Nursing Scholarship is available to either full or part-time (16+ hours) employees 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 and have been employed for one (1) year at Bayshore Medical Center, Bayshore Health Care Center or The Willows. This scholarship is to be used to supplement tuition, fees, lab, books, or educational supply expenses.

DEADLINE: March 26, 2021



Part I:

Name _____ Peoplesoft ID # _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell/Beeper _____

Email _____ Position _____

Years of Service at Hackensack Meridian *Health* _____ Campus _____

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

Unit/Department _____ Manager's Name _____

Current or Planned Program of Study _____

Name of School _____ Date of Entry _____

Expected Date of Graduation Month/Year _____

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

Course Title(s) this Semester _____

Eligible for Tuition Reimbursement: ____ Full ____ Partial ____ Not eligible

Membership in Professional Associations _____

Membership in Hospital Committees _____

Awards _____

Publications _____

II. Personal Statement: Please submit with this application a personal statement not to exceed 1 ½ pages defining your personal goals and explaining why you merit consideration for this scholarship. Include outstanding financial need that you would like considered.

III. Additional Documentation Required:

___ A. Transcript

___ B. Documentation of Program of Study

___ C. Resume or CV

___ D. Financial Statement of Need (Attached)

___ E. Two Signed and Dated Letters of Recommendation addressed to [Stephan Poppick](#).

___ F. Manager Recommendation Letter

I attest that all of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Scholarship sponsor. All information in this application will be kept confidential.

Signature of Applicant

Date

Please send the entire application, personal statement and all additional documentation to:

Professional Development
Bayshore Medical Center
727 North Beers Street
Holmdel, NJ 07733

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS