

## Barbara Forfar “Foof” Scholarship

### **Barbara “Foof” Forfar Nursing Scholarship 2021 Application**

The National Code of Ethics for Nurses states that a nurse, in all professional relationships, will practice with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes or nature of health problems. The Code continues to say that a nurse promotes, advocates for, and strives to protect the health, safety and rights of every patient under the nurse’s care.

**Barbara Forfar** or “Foof” as she was called by her fellow nurses and other colleagues in the operating room at Hackensack Meridian Health, Ocean Medical Center, not only abided by these ethics and responsibilities throughout her forty-four years of nursing service, but was dedicated and passionate about all of them, every single minute of every single day while she was on duty. She will be greatly missed by her family, her friends and by everyone in the medical profession who has ever worked alongside her.

To honor her memory and dedication to the nursing profession, her family, in connection with the Ocean Medical Center Foundation, has established **The Barbara “Foof” Forfar Nursing Scholarship Fund**. The fund will award one (or more) \$500 scholarship during September of each year to eligible applicants.

To qualify, the applicant must be an employee or nursing student at Hackensack Meridian Health, Ocean Medical Center and be enrolled in an RN program, an upper division program (RN to BSN) or advanced degree program (MSN, PhD) in nursing. All Ocean Medical Center nurses and nursing students from all OMC practice areas are invited to apply but special consideration will be given to those applicants having an interest in **operating room** practices, procedures, techniques and technology and those nurses who are on the **Clinical Advancement Program**.

This scholarship must be used to supplement tuition, fees, lab costs, books or educational supply expenses.

The Barbara “Foof” Forfar Nursing Scholarship will be awarded at Hackensack Meridian Health, Ocean Medical Center’s campus during the month of September.

**DEADLINE: JULY 23, 2021**

**Please complete the entire application, sign and date,  
return with required documentation by JULY 23, 2021**

Preferred Option: Scan and Email to: AnnMayCenter@HMHN.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

# Barbara Forfar "Foof" Scholarship

## Barbara "Foof" Forfar Scholarship Applications 2021

Name \_\_\_\_\_ Peoplesoft ID # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Position/Title \_\_\_\_\_ Email Address \_\_\_\_\_

OMC Practice Area \_\_\_\_\_ Nursing Unit \_\_\_\_\_

Current or Planned Program of Study:

Name of School/Institution: \_\_\_\_\_

Program of Study: \_\_\_\_\_ RN \_\_\_\_\_ BSN \_\_\_\_\_ MSN \_\_\_\_\_ PhD \_\_\_\_\_ Certificate

Specialty: \_\_\_\_\_

Date/Expected Date of Entry in program \_\_\_\_\_ GPA: (If applicable) \_\_\_\_\_

Expected Date of Graduation or Date of Course Completion \_\_\_\_\_

Number of credits this semester \_\_\_\_\_ Total credits earned \_\_\_\_\_

Name of Course/Courses 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 \_\_\_\_\_

CARE level achieved \_\_\_\_\_

Awards \_\_\_\_\_

Publications \_\_\_\_\_

**Application WILL NOT be considered without all of the following:**

- \_\_\_\_ 1. Fully completed and signed application
- \_\_\_\_ 2. Signed and dated personal statement
- \_\_\_\_ 3. Proof of enrollment/attendance
- \_\_\_\_ 4. At least one written reference from a supervisor

**Personal Statement:**

**Please submit a personal statement (not to exceed two pages) which includes (1) a brief summary of your background, future nursing & educational interests and why you merit consideration for this scholarship (2) what nursing means to you and why you chose nursing as a profession and (3) how this scholarship if awarded to you, will be used to help continue your nursing education and career.**

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Scholarship Selection Committee. If I am selected to receive the Barbara "Foof" Forfar Nursing 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 phone: 732-481-8570/8578 Or Email: [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)

PLEASE KEPT A COPY OF YOUR APPLICATION

