

**HACKENSACK MERIDIAN *HEALTH***  
**ANN MAY CENTER FOR NURSING AND ALLIED HEALTH**  
**Bard Foundation Nursing Education Scholarship**  
**2021 APPLICATION**

**INSTRUCTIONS:** Scholarships through the C.R. Bard Foundation are available for Hackensack Meridian *Health* South and Central Campus nurses or nursing students 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. Applicants must provide documentation that they have attained good academic standing and/or have financial need. This scholarship is to be used to supplement tuition, fees, lab costs, books, or educational supply expenses.

**Deadline for Submission: DECEMBER 7, 2020.**

Please complete entire application and return with documentation

Preferred Option – Scan and Email to [AnnMayCenter@HMHN.ORG](mailto:AnnMayCenter@HMHN.ORG)

**Or Mail to:** Hackensack Meridian *Health*, Ann May Center for Nursing  
 1350 Campus Parkway, Suite 101, Wall, NJ 07753

**Or Fax to:** 732.481.8597

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

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ Position \_\_\_\_\_

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

Campus \_\_\_\_\_ Unit \_\_\_\_\_ Nurse Manager \_\_\_\_\_

Years of Service at Hackensack Meridian *Health* \_\_\_\_\_

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

Name of School: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_

GPA for prior semester based on 4.0: \_\_\_\_\_

Date of Entry \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Number of credits this semester \_\_\_\_\_ Total credit earned to date: \_\_\_\_\_

Courses this Semester \_\_\_\_\_

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Eligible for Tuition Reimbursement: \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_ Not eligible

Clinical Advancement Status \_\_\_\_\_

National Certifications \_\_\_\_\_

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. Letter of Support from Manager, signed and dated
- B. Peer Letter signed and dated
- C. Resume or CV
- D. Transcript and/or proof of registration in an academic program

**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. Include documentation on how you have contributed to an environment of excellence at Hackensack Meridian Health. Please sign and date your statement.**

Place a check next to the enclosed documents:

\_\_\_\_\_ Manager Letter \_\_\_\_\_ Peer Letter \_\_\_\_\_ Resume or CV \_\_\_\_\_ Transcript

\_\_\_\_\_ 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. I agree to continue to work at Hackensack Meridian *Health* for one year after receipt of this scholarship.

\_\_\_\_\_  
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, call The Ann May Center for Nursing at 732.481.8570/8578 or Email [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)

**PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORD**