

Dorothy A. Salerno Nursing Scholarship Fund Award

Dorothy Salerno will always be remembered as a warm, loving, and humorous woman who always put others before herself. She started life as an underdog, born prematurely at less than three pounds to an unwed mother and surviving a critical bout of pneumonia as a young girl. Dorothy persevered through the hard times of being a foster child until adopted by a loving couple at age 8. Through her positive outlook and wonderful sense of humor, the odds that were stacked against her eventually became easier to knock down. She became a devoted wife and an affectionate, dedicated mother to four daughters, all of whom miss her dearly.

In her later years, Dorothy struggled with a number of health issues, including diabetes and dementia, but she never lost her loving, giving, and humorous spirit, and she never gave up. To memorialize Dorothy's strength of overcoming the odds, this scholarship is available to a nursing student concentrating in the area of **GERIATRICS** within Hackensack Meridian *Health* who can demonstrate true financial need.

Award Criteria:

- A current employee within Hackensack Meridian *Health* having worked there for at least 1 year
- The applicant must be committed to furthering the care of Geriatric patients
- An individual may nominate her/himself or may be nominated by a colleague

DEADLINE: July 23, 2021

Part I:

Name _____ Peoplesoft ID # _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone Home _____ Cell _____ Work _____

Email _____ Position _____

Unit/Department _____ Manager's Name _____

Campus _____

How Many Years of Service at Hackensack Meridian *Health* _____

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

Current or Planned Program of Study _____

Name of School _____

Date of Entry _____ Expected Date of Graduation Month/Year _____

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

Membership in Professional Associations _____

Membership in Hospital Committees _____

Awards _____

Publications _____

Part II: Personal Statement:

Please submit with this application a personal statement not to exceed one page defining your personal goals and explaining why you merit consideration for this scholarship.

Part III: Additional Documentation Required:

- _____ A. Documentation of Program of Study
- _____ B. Resume or CV
- _____ C. Financial Statement of Need (attached)
- _____ D. Two signed and dated Letters of Recommendation; one from each of the following categories:
 - _____ 1. Peer or Colleague
 - _____ 2. Manager or Instructor

Part IV:

A personal interview may be requested.

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. If I am selected to receive a Dorothy A. Salerno Nursing Scholarship, I understand that I will be required to submit a short-written account outlining how the scholarship dollars were used and how the scholarship helped in the pursuit of my career goals. All information in this application will be kept confidential.

Signature of Applicant

Date

Please complete entire application, personal statement, and all additional documentation and return.

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

FINANCIAL INFORMATION for Dorothy A. Salerno Nursing Scholarship Fund Award

Please document all education-related expenses and income:

| EXPENSES | INCOME |
|------------------------------|---|
| Tuition per Credit: | Tuition Reimbursement (Semester/Year): |
| Tuition per Semester: | |
| Books: | Current Scholarships Received (Past Year): |
| Fees: | |
| Transportation Costs: | |
| Student Loans: | Other Financial Aid (Please List): |
| Child Care Costs: | |
| Personal: | |
| | |
| | |
| | |
| | |
| Total Expenses: | Total Income: |

Amount Requested: _____

PLEASE DO NOT USE STAPLES

KEEP A COPY OF THIS SCHOLARSHIP APPLICATION FOR YOUR RECORDS