

**MERIDIAN ANN MAY CENTER FOR NURSING**  
**Dr. Robert H. Harris Scholarship at Ocean Medical Center**  
**Ocean Medical Center Foundation**

**INSTRUCTIONS:** The scholarship is available for nurses and team members at Ocean Medical Center who are enrolled in nursing degree programs including pre-licensure, RN to BSN, graduate, certificate, and/or doctoral programs. The scholarship must be used to pay tuition, fees, technology or books related to the program of study.

**Please complete the entire application with a personal statement** that includes why you merit consideration for this scholarship and your future goals.  
 Return completed application, personal statement, and all additional 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 and Allied Health**  
**1350 Campus Parkway, Suite 101**  
**Wall, NJ 07753**

**Or Fax to:**           **732-481-8597**

**Deadline for submission:**   **March 26, 2021**

**Name** \_\_\_\_\_ **PeopleSoft ID Number** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**Nurse Manager** \_\_\_\_\_ **Nursing Unit** \_\_\_\_\_ **Position Title** \_\_\_\_\_

**Years of Service at HMH** \_\_\_\_\_ **Campus** \_\_\_\_\_

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

**Current Program of Study** \_\_\_\_\_

**Name of School** \_\_\_\_\_ **Date of Entry** \_\_\_\_\_

**Expected Date of Graduation Month/Year** \_\_\_\_\_

**Credits Last Semester** \_\_\_\_\_ **Total credits earned to date** \_\_\_\_\_ **GPA** \_\_\_\_\_

**Credits this Semester** \_\_\_\_\_ **Course Title(s) this Semester** \_\_\_\_\_

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

Previous Scholarship Recipient: Type of Scholarship/

Dates \_\_\_\_\_ Amounts \_\_\_\_\_

Membership in Professional Associations/Offices Held \_\_\_\_\_

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

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

Membership in Hospital Committees \_\_\_\_\_

Awards \_\_\_\_\_

Publications/Presentations/Community Service: \_\_\_\_\_

**Additional Documentation Required:**

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- A. Transcript
- B. Resume or CV
- C. Personal Statement (See III below)
- D. Two letters of recommendation, one from a current professor and one from current manager addressed to the **Kerr Family**

**I. Personal Statement:**

**Please sign and date your statement.** Please address in a narrative or essay, not to exceed two pages, why you merit consideration for this scholarship. Please include a few paragraphs about what nursing means to you or why you chose nursing as a profession.

**Place check next to the enclosed documents.**

Transcript  Resume  Personal Statement

**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 including your personal statement.**

**PLEASE DO NOT USE STAPLES**

**KEEP A COPY OF THIS SCHOLARSHIP APPLICATION FOR YOUR RECORDS**

For more information email [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org) or call 732-481-8570/8578