

Ms. Faye Chastain PCA Memorial Award

This award was established to honor the memory of Ms. Faye Chastain. Ms Faye was part of the Jersey Shore University Medical Center family for over 44 years. She never missed a day of work as a Patient Care Associate. Ms. Faye's commitment and dedication to her calling were motivated by her passion toward her patients and co-workers. She could always be relied upon by her co-workers and consistently gave compassionate care to all her patients. Ms. Faye was a true "team" member who exemplified the "Meridian Way". She was a mentor, friend and true role model who will be deeply missed.

In honor of Ms. Faye's memory this award shall be presented annually at the Jersey Shore University Medical Center Patient Care Associate Recognition Day to a Patient Care Associate who exhibits the qualities we all admired in Ms. Faye.

Amount of Award: \$500 to be used toward attending work related educational offerings, nursing school cost or obtaining/renewing national certification.

Award Criteria:

- A current employee within the Jersey Shore University Medical Center who works as a Patient Care Associate in the Acute Care setting.
- The nominee must consistently provide compassionate patient care, demonstrating a commitment to excellence.
- The nominee must consistently work in collaborative manner with all personnel.
- The nominee must be free of any disciplines and call outs within the last calendar year.
- An individual must be nominated by a colleague (RN or PCA) and have the support of his/her manager. (Letters documenting evidence of award criteria are required from both the nominator and manager not to exceed 2 pages each.)



DEADLINE: April 24, 2021

Part I:

Nominee Name _____ Peoplesoft ID # _____
Home Address _____
City _____ State _____ Zip Code _____
Telephone: Home _____ Cell _____ Work _____
Email _____ Position _____
Campus _____ Unit/Department _____
Manager's Name _____
How Many Years of Service at Hackensack Meridian Health _____
____ Full Time ____ Part Time ____ Per Diem (Amount of days per month at HMMH _____)
Intended use of Award:
____ Educational Offering (name and date of offering) _____
____ National Certification (name of certification and date of test) _____
____ Nursing School _____
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: Additional Documentation Required:

- ____ A. Documentation of intended use
- ____ B. Two signed and dated Letters documenting evidence of award criteria (Not to exceed two pages each):
 - ____ 1. Nominator's letter
 - ____ 2. Manager's letter

Part III:

Nominator's Name _____

Unit _____ **Campus** _____

Phone(work) _____ **(home)** _____ **(cell)** _____

Email _____

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 Nominator

Date

Send the entire application, nominator and manager letters, and all additional documentation.

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: 732-481-8597

PLEASE COMPLETE AND RETURN THE APPLICATION ALONG WITH THE REQUIRED DOCUMENTATION
For more information email AnnMayCenter@HMHN.org or call 732-481-8570/8578

PLEASE DO NOT USE STAPLES
KEEP A COPY OF THIS SCHOLARSHIP APPLICATION FOR YOUR RECORDS