

HACKENSACK MERIDIAN HEALTH  
**JoAnn Watson Diverse Cultures Scholarship**

**Hackensack Meridian Health Campus Location:**  
**Hospital Campus** \_\_\_\_\_  
**Corporate Location** \_\_\_\_\_

**Affiliate: Site and Location** \_\_\_\_\_

The Joann Watson Diverse Cultures Scholarship is available for all Hackensack Meridian Health team members from diverse cultures who are enrolled in a nursing program to achieve an RN, BSN, Masters or Doctoral Degree **and who demonstrate outstanding dedication and commitment to excellence in patient care.** This scholarship may be used to supplement tuition, fees, lab, books, or educational supply expenses connected with the RN program of study.

**DEADLINE March 26, 2021**

**Program Type:**

\_\_\_\_\_ **RN program**    \_\_\_\_\_ **Bachelors (BSN)**    \_\_\_\_\_ **Masters**    \_\_\_\_\_ **Doctoral**

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

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

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

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

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

**Ethnicity:** \_\_\_\_\_

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

**Nurse Manager** \_\_\_\_\_ **Unit/Department** \_\_\_\_\_

\_\_\_\_\_ **Full Time**    \_\_\_\_\_ **Part Time**    \_\_\_\_\_ **Per Diem (Number of shifts in the past 3 months \_\_\_\_\_)**

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

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

**Cumulative GPA** \_\_\_\_\_ **Expected Date of Graduation** \_\_\_\_\_

**No of credits: Total credits earned to date** \_\_\_\_\_ **Credits this semester** \_\_\_\_\_

**Course Title(s) this semester** \_\_\_\_\_

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\_\_\_\_\_ **Previous Ann May Scholarship Recipient Dates/Amount**

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**Attachments:**

- Student Copy of Transcript
- Signed and Completed Application
- Personal Statement\*

**\*Personal Statement: Please submit a few paragraphs about what nursing means to you or why you chose nursing as a profession.**

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**Educational Expenses**

Tuition Per Credit Cost \_\_\_\_\_ Per Semester \_\_\_\_\_ Fees \_\_\_\_\_ Books \_\_\_\_\_

Other Educational Support \_\_\_\_\_

Eligible for Tuition Reimbursement:  Full  Partial  Not eligible

**I attest that the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. If I receive and accept a scholarship, I agree to work for Hackensack Meridian Health for at least one year.**

\_\_\_\_\_  
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. Scholarships must be used for tuition, fees or related expenses in a college or university program.**

**Preferred option: Scan and Email to [AnnMayCenter@HMH.NJ](mailto:AnnMayCenter@HMH.NJ)**

**Send application to:**  
Hackensack Meridian Health  
Ann May Center for Nursing and Allied Health  
1350 Campus Parkway, Suite 101  
Neptune, NJ 07753

**Or Fax to: 732.481.8597**

**For more information, call the Ann May Center for Nursing: 732.481.8570 or  
Email: [AnnMayCenter@HackensackMeridian.org](mailto:AnnMayCenter@HackensackMeridian.org)**

**MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**