

MERIDIAN HEALTH
Leslie E. Stewart SGNA Scholarship

Leslie E. Stewart SGNA Scholarship are available for Hackensack Meridian Health South and Central campus nurses who work in *Gastroenterology* and are enrolled in an advanced degree program at the BSN, Masters or Doctoral level.

DEADLINE: March 26, 2021

Hackensack Meridian Health Hospital Location:

Hospital Campus Location: _____

____ HMH Affiliate Site Location (_____)

____ Corporate offices (_____)

Program Type:

____ Bachelors (BSN) ____ Masters ____ Doctoral

Name _____ Peoplesoft ID # _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

Email _____ Position _____

Unit _____ Nurse Manager _____

Years of Service at Hackensack Meridian *Health* _____

____ 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 (Month/Year) _____

Number of Credits earned to date _____ Credits taking this semester _____

Course Title(s) this semester _____

Educational Expenses

Tuition Per Credit Cost _____ Per Semester _____ Fees _____ Books _____

Educational Support

If previous, Ann May Center Scholarship Recipient please include Dates/Amount

Other educational support (grants) _____

Please attach

- _____ **Completed, signed and dated scholarship application**
- _____ **Student copy of transcript**
- _____ **Personal Statement**

Personal Statement (not to exceed two pages). Please sign and date your statement.

Please address in essay format, why you merit consideration for this SGNA scholarship (Limit your essay to 2 pages). Include information on what nursing means to you and your future goals and aspirations as you advance in the profession of nursing.

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

Please complete entire application with supporting documentation and return to the Ann May Center for Nursing and Allied Health

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

For more information email AnnMayCenter@HMHN.org or call 732.481.8570/8578

KEEP A COPY OF THIS SCHOLARSHIP APPLICATION FOR YOUR RECORDS