

**Hackensack Meridian Health**  
**Ann May Center for Nursing and Allied Health**  
**Ocean Medical Center**

**Lorraine Kerr, RN, Memorial Scholarship Application**

**INSTRUCTIONS:** To honor the memory of Lorraine Kerr, RN, the Kerr family, (Nancy Kerr, Lorraine's daughter and Manager of Infection Prevention at Ocean Medical Center), has established a nursing scholarship in her memory.

Lorraine Kerr was a 1948 graduate of the Passaic General Hospital School of Nursing. She held her nursing practice to the highest standard, with strong ethical values. She possessed a genuine and gifted spirit, with a quick wit and generous heart. This scholarship was established to provide an opportunity to assist nursing students in pursuing their professional goals and interests.

This scholarship is available for Ocean Medical Center nurses/team members pursuing their Bachelor or Advanced degrees in Nursing who demonstrate outstanding dedication and commitment to excellence in patient care, particularly at the bedside.

**Please complete the entire application and enclose a personal statement** that includes a few paragraphs about what nursing means to you or why you chose nursing as a profession.

Complete entire application with supporting documentation and return.

**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 #** \_\_\_\_\_

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

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

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

**Position** \_\_\_\_\_ **Email** \_\_\_\_\_

**Nurse Manager** \_\_\_\_\_ **Nursing Unit** \_\_\_\_\_

**Campus** \_\_\_\_\_

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

\_\_\_ **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:**

- 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