

ANN MAY CENTER FOR NURSING
MARK & CINDY LEFKOWITZ MICU/CCU NURSING
SCHOLARSHIP APPLICATION

INSTRUCTIONS: The Mark & Cindy Lefkowitz MICU/CCU scholarship is available for Jersey Shore University Medical Center employees who work in the **MICU or CCU** and who are enrolled in pre-licensure nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate, certificate, and/or doctoral programs in nursing or related areas. This award will be presented during Nurses Week.

DEADLINE: March 26, 2021

Program Type: Associate Degree RN Program Bachelors (BSN)
 Masters Doctoral Certificate

Name _____ **Peoplesoft ID #** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Phone: Home _____ **Work** _____ **Cell** _____

Email Address _____

Years of Service at MH _____ **Position** _____ **Campus** _____

Unit/Department _____ **Manager's Name** _____

Full Time Part Time Per Diem (Number of shifts in the past 3 months _____)

Name of School _____

Current Program of Study _____

Cumulative GPA _____ **Date of Entry** _____ **Expected Date of Graduation** _____

Number of credits this semester _____ **Credits earned to date** _____

Course Title(s) this semester _____

Educational Expenses

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

Previous Ann May Scholarship Recipient Dates & Amounts

Documentation that must be included: Application will not be considered without **all** of the following:

1. Signed, dated, completed application
2. Signed, dated Personal statement
3. Resume
4. **Two** Letters of support one from your **manager** and one from a **peer**/colleague

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.

Please complete entire application, including attachments and return.

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

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