

**PATRICIA LEONE NURSING SCHOLARSHIP  
APPLICATION  
2021**

**INSTRUCTIONS:** The Patricia Leone Nursing Scholarship Fund has been established to honor the memory of a friend and colleague, Pat Leone, a “**true nurse**”. Each year, one \$500 scholarship is awarded to an eligible Riverview Medical Center nurse wishing to pursue a generic or advanced degree in nursing.

To be eligible, applicants must work full or part time at Riverview Medical Center. This scholarship must be used to supplement tuition fees, lab, educational book, or educational supply expenses. Please complete entire application and return with proper documentation by **JULY 23, 2021** to:

**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**

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

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

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

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

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

**Campus** \_\_\_\_\_ **Unit** \_\_\_\_\_ **Manager** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **No. of Dependents** \_\_\_\_\_

**Years of Service at Riverview Medical Center** \_\_\_\_\_

**Current or Planned Program of Study** \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Date of Entry** \_\_\_\_\_ **Expected Graduation Date** \_\_\_\_\_

**GPA: (If applicable)** \_\_\_\_\_

**Number of credits this semester** \_\_\_\_\_ **Total credits earned to date** \_\_\_\_\_

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

Eligible for Tuition Reimbursement: \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_ Not eligible

Total Cost of Program: Fees \_\_\_\_\_ Per Credit \_\_\_\_\_ Books \_\_\_\_\_

Current Scholarships/Financial Aid \_\_\_\_\_

Membership in Professional Associations: \_\_\_\_\_

Offices Held \_\_\_\_\_

Membership in Hospital Committees \_\_\_\_\_

Clinical Advancement Status \_\_\_\_\_

Awards \_\_\_\_\_

Publications \_\_\_\_\_

**II. Your application will not be considered without all of the following documentation:  
Place a check next to the enclosed documents.**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Signed, dated complete application   | <input type="checkbox"/> 4. Signed, dated Peer support letter |
| <input type="checkbox"/> 2. Signed, dated Personal statement     | <input type="checkbox"/> 5. Resume/CV                         |
| <input type="checkbox"/> 3. Signed, dated Manager support letter |   |

**III. Personal Statement: Please submit one-page narrative which defines your personal goals and explains why you merit consideration for this scholarship. Please sign and date your statement.**

**All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. If I am selected to receive a Patricia Leone Scholarship, I understand that I will be required to submit a one-page letter outlining how the scholarship dollars were used, and how the scholarship helped in the pursuit of my career goals.**

\_\_\_\_\_  
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.**

For more information email [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org) or call 732-481-8570/8578

**Financial Information for The Patricia Leone Nursing Scholarship Fund**

Please document all educational related expenses and support:

Expenses	Financial Support
<b>Tuition: Per Credit Cost</b>	<b>Tuition Reimbursement: (Semester/Year)</b>
<b>Tuition: Per Semester</b>	
<b>Books:</b>	<b>Current Scholarships received (Past Year):</b>
<b>Fees:</b>	
<b>Transportation Costs:</b>	
<b>Student Loans:</b>	<b>Other Financial Aid (Please list):</b>
<b>Child Care Expenses:</b>	
<b>Personal:</b>	
<b>Total Expenses:</b>	<b>Total Financial Support:</b>

**KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS**