

## **PATRICIA MORGAN BOYD MEMORIAL SCHOLARSHIP**

To memorialize her exceptional life and love of her community, the family of Patricia Morgan Boyd has established a scholarship in her memory to be used for the education of nursing students employed by *Jersey Shore University Medical Center*.

Patricia Morgan Boyd was a lifelong resident of Monmouth County and always had strong connections to Jersey Shore University Medical Center throughout her life. She was born in Spring Lake at the Ann May Hospital and Training School for Nurses (the original location for JSUMC). Her connection to the hospital was further solidified when in 1951, she was asked to serve on the Board of Governors of Fitkin Morgan Hospital (the hospital's name before it became JSUMC). A large donation that helped to establish the hospital was provided by A.E. Fitkin in memory of his deceased son and her father who had died in 1929.

With her friends she founded Fitkin Morgan Auxiliary to raise money for the hospital and served as its first president. She also was president of the James Ackerman Federation of Auxiliaries, and while serving on the Board of Governors, she chaired the Ann May School of Nursing Advisory Board.

In Interlaken, where she lived for over 40 years, she was the first woman on the Borough Council and was elected president for two terms. She was an officer and co-founder with her husband of John Boyd, Inc. of Tinton Falls. A staunch community supporter, Patricia was a member of Advisory Board of the Asbury Park Citadel of the Salvation Army for many years.

Through her life, she believed (and taught her children to believe) that good nursing care was the key to recovery from surgery and hospitalization. "Listen to the nurses," she said, "they are the ones who really know what is going on." And she truly enjoyed and appreciated the nursing students and aides who helped her in her final months.

**Eligibility:** Applicants must be [patient care associates or techs employed by JSUMC](#) and enrolled in a program leading to a degree in nursing. The Patricia Boyd Memorial Scholarship will be awarded based on combined criteria of financial need and academic/professional merit. The Scholarship will be awarded at the Annual Federation Meeting.

**Deadline for Submission: July 23, 2021**

**PATRICIA MORGAN BOYD MEMORIAL SCHOLARSHIP  
APPLICATION  
2021**

Patricia Morgan Boyd, a lifelong resident of Monmouth County and an outstanding community member is remembered as a strong proponent of the Jersey Shore University Medical Center (JSUMC) and the nursing profession. Through her life, she believed that good nursing care was the key to recovery from surgery and hospitalization. Patty truly enjoyed and appreciated the nursing students and patient care associates who helped her in her final months of life. To memorialize her exceptional life, the family of Patricia Morgan Boyd has established a fund in her memory to be used to support nursing education

The Patricia Morgan Boyd Memorial Scholarship awards at least one scholarship each year to eligible [JSUMC employed patient care associates](#) who are enrolled in RN programs and who demonstrate outstanding dedication and commitment to excellence in patient care, particularly at the bedside.

Applicants must be employees of JSUMC for at least one year to be eligible for this award. This scholarship may be used to supplement tuition, fees, lab, books, or educational supply expenses connected with the RN program of study.

**DEADLINE for Fall: July 23, 2021**

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

Address \_\_\_\_\_

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

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

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

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

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

\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Per Diem (Amount of days per month at HMH \_\_\_\_)

Name of Nursing School \_\_\_\_\_

Date of Entry \_\_\_\_\_ Expected Date of Graduation Month/Year \_\_\_\_\_

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

Course Title(s) this Semester \_\_\_\_\_

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

Awards \_\_\_\_\_

**II. Personal Statement:**

Please submit with this application a personal statement not to exceed 1 ½ pages defining your personal goals and explaining why you merit consideration for this scholarship. Highest consideration will be given to applicants who document outstanding commitment to excellence in direct bedside nursing care.

**III. Additional Documentation Required:**

- A. Transcript
- B. Documentation of Program of Study
- C. Financial Statement of Need (Attached)
- D. 2 Signed and Dated Letters of Recommendation from:
  1.  Peer/Colleague
  2.  Manager/Instructor

I attest that the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Scholarship sponsor. All information in this application will be kept confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Send the entire application, personal statement and all additional documentation 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

For more information email [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org) or call 732-481-8570/8577

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

**Financial Information for the Patricia Morgan Boyd Scholarship**

Please document ALL education related expenses and income:

<b>Expenses</b>	<b>Income</b>
<b>Tuition per credit:</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 Costs:</b>	
<b>Personal:</b>	
<b>Total Expenses:</b>	<b>Total Income:</b>

**Amount Requested:** \_\_\_\_\_