

**PEGGY WINES SCHOLARSHIP
APPLICATION
2021**

INSTRUCTIONS: Each year the family of Peggy Wines awards a scholarship in her memory to a Jersey Shore University Medical Center nurse who works in either the Cardiovascular or Cancer/Oncology service and is seeking to advance his/her education at an accredited academic institution. To be eligible for this scholarship, a nurse must reside in Monmouth County and must demonstrate financial need.

Deadline: July 23, 2021

Please complete entire application with supporting documentation 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 to: 732-481-8597

Part I.

Name _____ **Peoplesoft ID #** _____

Address: _____

City: _____ **County** _____ **State** _____ **Zip Code** _____

Telephone: Home _____ **Work** _____ **Cell** _____

Email Address _____ **Position** _____

Unit: Cancer/Oncology _____ **Cardiovascular** _____ **Other** _____

Nurse Manager _____ **Campus** _____

Date of Birth _____ **Marital Status** _____ **Number of Dependents** _____

Years of Service at JSUMC _____

____ **Full Time** ____ **Part Time** ____ **Per Diem (Amount of days per month at HMH)** ____)

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** _____

Course 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 _____

Certifications _____

Awards _____

Publications _____

Part II. Additional Documentation Required: (Please check if enclosed)

- A. _____ Transcript - Student Copy (If available)
- B. _____ Cost documentation
- C. _____ Resume or CV
- D. _____ Completed application
- E. _____ Personal Statement

Part III. Personal Statement: Please explain why you merit consideration for this scholarship. Limit your response to one to two pages. Include any additional information you feel it is important for the sponsors to consider in selecting the award recipient. Please sign and date your statement.

I attest that the information 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 as well as your personal statement.

For more information email AnnMayCenter@HMHN.org or call 732-481-8570/8578

Financial Information for Peggy Wine Scholarship

Please document all educational related expenses and support:

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

PLEASE DO NOT USE STAPLES

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS