

MERIDIAN ANN MAY CENTER FOR NURSING
RICHARD AMDUR NURSING SCHOLARSHIP APPLICATION

INSTRUCTIONS: Richard A. Amdur, Esq. is a longtime supporter of Riverview Medical Center and Vice Chairperson of the Meridian Health Board of Trustees. During a recent birthday celebration, family and friends established a scholarship in his name. The Richard A. Amdur Advanced Degree Scholarship will be awarded to a *Riverview Medical Center* Nurse who exhibits a strong commitment to nursing care and to pursuing advanced education. The scholarship is open to nurses who are enrolled in **advanced degree** programs including graduate, certificate, and/or doctoral programs in nursing or related areas and has maintained a minimum **GPA of 3.2**. Please complete entire application and return to Ann May Center for Nursing by December 7, 2020.

Program Type: Masters:

APN (NP, CNS, CRNA)
 Masters in Nursing Education
 Masters in Administration
 Other: _____
Doctoral: PhD DNP Other _____
Certificate: _____

Name _____ Peoplesoft ID # _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone: Home(____) _____ Work(____) _____ Cell/Beeper(____) _____
Unit _____ Campus _____ Manager _____
Email Address _____
Position _____ Years of Service at Hackensack Meridian *Health* _____
____ Full Time ____ Part Time ____ Per Diem (Number of shifts in the past 3 months ____)
Name of School _____ Date of Entry _____
Current Program of Study _____
Cumulative GPA _____ Expected Date of Graduation (M/Year) _____
No of credits: Total credits earned to date _____ Credits this semester _____
Course Title(s) this semester _____

____ Student copy of transcript attached

____ Previous Ann May Scholarship Recipient Dates/Amount

Educational Expenses

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

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. Transcript

I attest that 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 as well as your personal statement.

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**

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

PLEASE DO NOT USE STAPLES

KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS