

**VERONICA B. AND FELIX J. WOLFE SCHOLARSHIP
APPLICATION
2021**

INSTRUCTIONS: The Veronica B. and Felix J. Wolfe Scholarship fund has been established to acknowledge the contribution that nurses make to health care. Mrs. Wolfe was a devoted supporter of nursing and of *Ocean Medical Center*. To honor the Wolfe's memory, scholarships will be presented annually to nurses or nursing students attending school who work at *Ocean Medical Center*.

To be eligible, applicants must be enrolled or planning to enroll in entry level nursing programs (RN), upper division nursing programs (RN to BSN), or advanced degree programs including graduate, certificate or doctoral programs in nursing or related areas. This scholarship must be used to supplement tuition, fees, lab, book, or educational supply expenses. Please complete entire application with supporting documentation and return by *July 23, 2021* to:

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



Name _____ Peoplesoft ID # _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____ Position _____

Campus _____ Unit _____ Manager _____

Years of Service at OMC _____

Marital Status _____ No. of Dependents _____

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

Name of School _____

Current or Planned Program of Study _____

Date of Entry _____ Expected Graduation Date _____ GPA _____

Number of credits this semester _____ Total credits earned to date _____

Type of Program: Diploma Associates Bachelors Masters Doctoral
 Courses 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 _____

National Certifications: _____

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

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 Veronica B. and Felix J. Wolfe Scholarship, I understand that I will agree to remain employed at Ocean Medical Center for one year after receiving the scholarship.

 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. Make a copy of the application for your records.

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

Financial Information for Veronica B. and Felix J. Wolfe Scholarship

Please attach documentation for 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