

Hackensack Meridian Health – Bayshore Medical Center
The Yong Choo, MD Nursing Scholarship
2021 Application

INSTRUCTIONS: The Yong Choo Scholarship is available to either full or part-time (16+ hours) employees who are engaged in or about to begin studies in LPN, RN, BSN or a graduate program in nursing and have been employed for one (1) year at Bayshore Medical Center. A member of a non-nursing department may also apply if enrolled in formal nursing studies towards an LPN, RN, BSN, or graduate nursing studies.

Employee must show letter of acceptance into an accredited nursing program if not currently enrolled in course work but has been accepted into an accredited nursing program.

This scholarship may be used to supplement tuition, fees, lab, books, or educational supply expenses.

DEADLINE: MARCH 26, 2021



Part I:

Name _____ Peoplesoft ID # _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

Campus _____ Unit _____

Nurse Manager _____ Position _____

Years of Service at Hackensack Meridian *Health* _____

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

Name of School _____ Date of Entry _____

Current or Planned Program of Study _____

Expected Date of Graduation Month/Year _____ GPA _____

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

Course Title(s) this Semester _____

Eligible for Tuition Reimbursement: ____ Full ____ Partial ____ Not Eligible

Membership in Professional Associations _____

Membership in Hospital Committees _____

Awards _____

Publications _____

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. Include outstanding financial need that you would like considered.

III. Additional Documentation Required:

- A. ___ Transcript
- B. ___ Documentation of Program of Study
- C. ___ Resume or CV
- D. ___ Financial Statement of Need (Attached)
- E. ___ 2 Signed and Dated Letters of Recommendation
- F. ___ Manager Recommendation Letter

I attest that all of 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

**Please send the entire application, personal statement and all additional documentation via INTEROFFICE mail to:
Attn: Staff Development at Bayshore Medical Center**

PLEASE DO NOT USE STAPLES

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS