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**Overlook Medical Center Nursing Education**

**Scholarships Application**

This application and all required documents should be completed and submitted by **March 20** for consideration in the current academic year.

1. **Minimum Requirements:**
2. Employed as a full-time, part-time or per diem nurse at Overlook Medical Center for a minimum of 2 years
3. Accepted for enrollment or currently enrolled in a Bachelor’s, Master’s or PhD program in a relevant field
4. Cumulative GPA of 2.8 or higher
5. Maintained performance rating of 2.3 or higher for the last calendar year
6. Nomination letter from a director or manager
7. **Employee Information:**
8. Full Name:
9. Home Address:

Street, City, State, Zip

1. Phone:       Email:
2. Sex:  Male  Female\_  Single  Married  Divorced
3. Number of Dependent Children (if applicable):
4. Position Title:
5. Years in current position:       Total years of service at OVL:
6. Are you per diem  YES  NO

If you answered YES:

Total years of service as a per diem:

Total number of hours in 2019:

Total number of hours in 2018: \_\_\_\_\_\_\_

1. Are you part-time  YES  NO

If you answered YES:

Total years of service as a part-time employee:

Total number of hours per year:

1. Manager/Director:
2. Awards, committee service and/or honors.

Please List

1. **Student Information:**
2. Name of School/Program:
3. Current Academic Year:

Freshman  Sophomore  Junior  Senior

1. Cumulative GPA:
2. How many credits does your school require for graduation:
3. How many credits have you earned as of December 31:
4. When do you expect to complete your degree:
5. Do you currently receive financial aid?:  YES  NO

If yes, what are your sources of aid:

1. Have you taken a break in your studies:  Yes  No

If yes, please provide an explanation in one or two sentences:

1. On an attached piece of paper, please provide a **one page** description of your professional aspirations, and why you feel you are a strong candidate for this award.
2. **Supporting Materials and Submission Instructions:**

The completed application including the required essay and nomination letter should be emailed in PDF format to:

[**overlooknursingscholarships@atlantichealth.org**](mailto:overlooknursingscholarships@atlantichealth.org)

**Subject: Nursing Education Scholarship Application**

For any questions regarding scholarship applications, contact

Angie Cennamo or Lorie McDonald at 908-522-5330.