

Janice M. Gamper, RN, Nursing Scholarship

Saint Barnabas Medical Center

Saint Barnabas | **RWJBarnabas**
Medical Center **HEALTH**

Please submit application to: vivian.hoffman@rwjbh.org
or Nurse Recruitment, Saint Barnabas Medical Center,
94 Old Short Hills Road, Livingston, NJ 07039

Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Telephone: Home _____ Cell _____
E-mail _____

COLLEGE(S) OR UNIVERSITY ATTENDED

School Name _____ Attended From _____ to _____
Address _____ City _____ State _____ Zip _____
School Name _____ Attended From _____ to _____
Address _____ City _____ State _____ Zip _____

DATE OF GRADUATION _____ Cumulative GPA _____

HIGH SCHOOL(S) ATTENDED

School Name _____ Attended From _____ to _____
Address _____ City _____ State _____ Zip _____

Awards and Volunteer Activities:

Additional Activities:

Are you currently receiving financial aid? ☐ Yes ☐ No
Details:

EMPLOYMENT (EMPLOYER, POSITION, HOURS)

Please include a typed 500 word-essay (12-point font minimum) expressing the following:

- Applicant's educational plan
- Applicant's career goals and how they correlate to the Nursing mission
- Applicant's description of why he/she should be awarded the scholarship

Please add any additional information that is not included in this application which should be known and considered by the Saint Barnabas Medical Center Nursing Scholarship/Forgivable Loan Committee.

I affirm that all of the statements I made in this application are true to the best of my knowledge.

Signature of Applicant _____ Date _____