

ELIZABETH A. SAKLAS MEMORIAL NURSING SCHOLARSHIP APPLICATION

(For Current Jersey Shore Residents)

Applicant's name _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Which Nursing Program did you attend: 2year _____ 3 year _____

Working for Bachelor _____ Masters _____ Other Health Related _____

Expected Date of Program Completion _____

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. Highest consideration will be given to applicants who document outstanding commitments to excellence in direct bedside nursing care.*

Additional Documents Required:

- A. Transcript
- B. Documentation of Program Study
- C. Signed and dated letters of recommendation from Peer/Colleague and Manager/Instructor

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 _____ Date _____

Return by May 15, 2025 to:

Bonnie DuBois, 111 Monroe Avenue, Spring Lake, NJ 07762,

email: bonniedubois@aol.com

