

**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, 2024 to:**

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

**email: [bonniedubois@aol.com](mailto:bonniedubois@aol.com)**

