

**PATRICIA LEONE NURSING SCHOLARSHIP
APPLICATION
2016**

INSTRUCTIONS: The Patricia Leone Nursing Scholarship Fund has been established to honor the memory of a friend and colleague, Pat Leone, a “true nurse”. Each year, one \$500 scholarship is awarded to an eligible Riverview Medical Center nurse wishing to pursue a generic or advanced degree in nursing. To be eligible, applicants must work full or part time at Riverview Medical Center. This scholarship must be used to supplement tuition fees, lab, educational book, or educational supply expenses. Please complete entire application and return with proper documentation by JULY 15, 2016 to:

Mail to: Meridian Ann May Center for Nursing and Allied Health
1355 Campus Parkway, Suite 103
Neptune, NJ 07753
Or Fax to: 732-481-8597
Or Email to: AnnMayCenter@MeridianHealth.com

Name _____ **Employee ID** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone: Home _____ **Work** _____ **Cell** _____

Email Address _____ **Position** _____

Campus _____ **Unit** _____ **Manager** _____

Date of Birth _____ **Marital Status** _____ **No. of Dependents** _____

Years of Service at Riverview Medical Center _____

Current or Planned Program of Study _____

Name of School _____

Date of Entry _____ **Expected Graduation Date** _____

GPA: (If applicable) _____

Number of credits this semester _____ **Total credits earned to date** _____

Courses Title(s) this semester _____

Eligible for Tuition Reimbursement: _____ **Full** _____ **Partial** _____ **Not eligible**

Total Cost of Program: Fees _____ **Per Credit** _____ **Books** _____

Current Scholarships/Financial Aid _____

Membership in Professional Associations: _____

Offices Held _____

Membership in Hospital Committees _____

C.A.R.E. Status _____

Awards _____

Publications _____

II. Your application will not be considered without all of the following documentation:
Place a check next to the enclosed documents.

- | | |
|--|---|
| ____ 1. Signed, dated complete application | ____ 4. Signed, dated Peer support letter |
| ____ 2. Signed, dated Personal statement | ____ 5. Resume/CV |
| ____ 3. Signed, dated Manager support letter | ____ 6. Completed W-9 |

III. Personal Statement: Please submit one page narrative which defines your personal goals and explains why you merit consideration for this scholarship. Please sign and date your statement.

All of the information contained in this application is correct. I agree to accept all decisions for scholarships made by the Selection Committee. If I am selected to receive a Patricia Leone Scholarship, I understand that I will be required to submit a one page letter outlining how the scholarship dollars were used, and how the scholarship helped in the pursuit of my career goals.

Signature of Applicant

Date

All information provided in this application will be kept confidential. Please make sure that the application is complete and includes all additional documentation required as well as your personal statement.

For more information, call The Ann May Center for Nursing: 732-481-8570/8578

Financial Information

Please document all educational related expenses and support:

Expenses	Financial Support
Tuition: Per Credit Cost	Tuition Reimbursement: (Semester/Year)
Tuition: Per Semester	
Books:	Current Scholarships received (Past Year):
Fees:	
Transportation Costs:	
Student Loans:	Other Financial Aid (Please list):
Child Care Expenses:	
Personal:	
Total Expenses:	Total Financial Support:

PLEASE DO NO USE STAPLES
PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS

Form W-9 (Rev. January 2011) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.												
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)													
	Business name/disregarded entity name, if different from above													
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate													
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶													
	<input type="checkbox"/> Other (see instructions) ▶													
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)												
City, state, and ZIP code														
List account number(s) here (optional)														
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.														
		Social security number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>												
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Part II Certification Under penalties of perjury, I certify that:														
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and														
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and														
3. I am a U.S. citizen or other U.S. person (defined below).														
Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.														
Sign Here	Signature of U.S. person ▶													
	Date ▶													
General Instructions Section references are to the Internal Revenue Code unless otherwise noted.														
Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:														
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.														
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.														