



## The CentraState Employee Scholarship 2021

### ***ABOUT THE SCHOLARSHIP***

The CentraState Employee Scholarship Fund (“Fund”) was created with proceeds from the annual Employee Campaign. The purpose of the Fund is to honor the employees of CentraState Healthcare System and to provide employees assistance with their educational and professional growth in the field of healthcare.

### ***ELIGIBILITY***

This annual scholarship is awarded to a deserving CentraState Healthcare System employee who is furthering his or her education or planning to attend a nationally recognized conference or lecture to further their skills. Funds would be provided to worthy recipients for tuition, purchase of educational materials, or conference registration fees, or in other ways (taking place in 2020) that will enhance the continuing education of the recipient and benefit CentraState Healthcare System.

### ***AWARD***

Presented annually, the Fund awards five (5) scholarships of \$1,000 each. The scholarship(s) will be paid directly to the educational institution or the CentraState department that incurs the expense on behalf of the employee.

### ***HOW TO APPLY***

Applications are available by contacting the Foundation Office at 732-294-7030, online at <http://centranet> or <https://www.centrastatefoundation.org/about/scholarships/>. The deadline for receipt of completed applications in the Foundation Office is **June 18, 2021**. Applications are reviewed by the Scholarship Committee, comprised of representatives from the CentraState Healthcare System. Candidates will be considered based on the criteria and the information provided. If you have questions, please call 732-294-7030 or email Olive Taylor at [otaylor@centrastate.com](mailto:otaylor@centrastate.com).

**Please submit application and attachments by June 18, 2021 to:**  
**CentraState Healthcare Foundation, Attn: Olive Taylor**  
**225 Willow Brook Rd., Suite 5, Freehold, NJ 07728**  
**Or to [otaylor@centrastate.com](mailto:otaylor@centrastate.com)**

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### Application Form

Employee Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: \_\_\_\_\_ CSHS Hire Date: \_\_\_\_\_

Funds will be used for: \_\_\_\_\_ Continuing Education \_\_\_\_\_ Conference/Seminar

Please describe: \_\_\_\_\_

#### Requirements

- 1) Identify the program, degree/CEU/certificate expected; university, college or venue for conference/seminar; anticipated date of graduation or date of conference/seminar.
- 2) On a separate sheet, state briefly why you would be a deserving recipient of this scholarship. Identify how you would use the funds, if awarded.
- 3) Attach a letter of recommendation from your manager.

**Certification:** I certify that all the statements and attachments in this application are true and complete to the best of my knowledge, and that I will comply with the terms of this Scholarship Fund if I receive this award.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_