



THE DAVID LABBATE MEMORIAL SCHOLARSHIP 2021

ABOUT THE SCHOLARSHIP

The David Labbate Memorial Scholarship Fund (“Fund”) was created in memory of David Labbate by his family. The purpose of the Fund is to honor David and for his family to show their thanks to everyone in the Oncology Unit who supported him. This scholarship provides educational and professional growth opportunities to the members of staff who support Oncology Services at CentraState.

ELIGIBILITY

This annual scholarship is awarded to a deserving member or member(s) of the staff that supports the Oncology Unit at CentraState Healthcare System 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 that will enhance the continuing education of the recipient and benefit CentraState Healthcare System.

AWARD

Presented annually, the Fund awards a total of \$1000 to be used for educational or professional growth and may be awarded to more than one individual. The scholarship will be paid directly to the educational institution or the CentraState department that incurs the expense on behalf of the staff member.

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.

**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**

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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: _____

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