



CentraState Healthcare Foundation

The CentraState Team member Scholarship 2023

ABOUT THE SCHOLARSHIP

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

ELIGIBILITY

This annual scholarship is awarded to a deserving CentraState Healthcare System team member 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 2023) 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 team 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 **May 25, 2023**. 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 **May 25, 2023 to:**
CentraState Healthcare Foundation, Attn: Olive Taylor
225 Willow Brook Rd., Suite 5, Freehold, NJ 07728
Or to otaylor@centrastate.com



CentraState Healthcare Foundation

The CentraState Team member Scholarship 2023

Application Form

Team member Name: _____ Team member 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 Team member: _____ Date: _____