

**JEAN ALVATER BAKER EDUCATIONAL FUND
 ALBERT KAHN AND MARY KAHN, R.N. EDUCATIONAL FUND
 ERS CHARITABLE SCHOLARSHIP FUND
 MILLIE E. APGAR EDUCATIONAL SCHOLARSHIP FUND
 FOR HEALTH PROFESSIONALS
 DR. REINHARD and DR. HELGA SCHWARTZ NURSING EDUCATION
 SCHOLARSHIP
 WINGOVER SCHOLARSHIP FOR NURSING EDUCATION
 APPLICATION for the 2021-2022 SCHOOL YEAR**

This is the only Scholarship Application Acceptable for the Year 2021

Applicants should be pursuing a healthcare career and must be either a Hunterdon County resident, or an employee of Hunterdon Medical Center or its related organizations, or have a parent/guardian employed by Hunterdon Medical Center or its related organizations. All questions must be answered. Application will be rejected if all questions are not answered. If not applicable, put NA.

Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College

4 Year College

Combined College/Graduate School

Graduate School

Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

Other scholarships or grants: _____

C. To be answered by applicants who have been working, who have been out of school for an extended period of time, or who are returning to school. Please submit 2 references: Current employer, associate and/or personal on the Personal Reference Form included at the end of this application, and then please mail the completed form to the Hunterdon Healthcare Foundation.

Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

If yes, where _____

D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Comments: _____

Children: Number _____ Ages _____

E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

Father's Yearly Income: _____

Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

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If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

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Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

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Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

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Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

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B) If returning to school after an extended absence, please remember to have the **Personal Reference Forms** completed, which are included at the end of this application.

_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

**Scholarship Committee
Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

Application deadline for 2021-2022 academic year: March 1, 2021
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PERSONAL REFERENCE FORM

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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

b. Personal integrity

c. Personal ethics

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

_____ Yes If, "yes", see below

_____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

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Do you volunteer or do community service: Yes _____ No _____

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Other Income (alimony, trust, etc.): _____

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Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

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E. If a student is supported by parent(s), please fill in the following:

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Total Costs: \$ _____

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4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

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____ Employer

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____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

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7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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**THE REMAINDER OF THIS FORM TO BE COMPLETED BY
RESPONDENT**

The above named individual has applied for a Scholarship from the Hunterdon Healthcare Foundation Educational Fund. As part of the application process, references to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant must be submitted by an employer or personal reference.

This form has been supplied to you by the applicant. Your candid appraisal of the applicant's character and/or professional competence is appreciated.
Please mail this Professional Reference form to:

**Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, NJ 08822
Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

c. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

Signature: _____ Date: _____

**JEAN ALVATER BAKER EDUCATIONAL FUND
 ALBERT KAHN AND MARY KAHN, R.N. EDUCATIONAL FUND
 ERS CHARITABLE SCHOLARSHIP FUND
 MILLIE E. APGAR EDUCATIONAL SCHOLARSHIP FUND
 FOR HEALTH PROFESSIONALS
 DR. REINHARD and DR. HELGA SCHWARTZ NURSING EDUCATION
 SCHOLARSHIP
 WINGOVER SCHOLARSHIP FOR NURSING EDUCATION
 APPLICATION for the 2021-2022 SCHOOL YEAR**

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Applicants should be pursuing a healthcare career and must be either a Hunterdon County resident, or an employee of Hunterdon Medical Center or its related organizations, or have a parent/guardian employed by Hunterdon Medical Center or its related organizations. All questions must be answered. Application will be rejected if all questions are not answered. If not applicable, put NA.

Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College

4 Year College

Combined College/Graduate School

Graduate School

Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

Other scholarships or grants: _____

C. To be answered by applicants who have been working, who have been out of school for an extended period of time, or who are returning to school. Please submit 2 references: Current employer, associate and/or personal on the Personal Reference Form included at the end of this application, and then please mail the completed form to the Hunterdon Healthcare Foundation.

Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

If yes, where _____

D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Comments: _____

Children: Number _____ Ages _____

E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

Father's Yearly Income: _____

Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

Parents' Net Worth (excluding house): _____

If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

Do Parent(s) own home: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Number of years remaining on mortgage: _____

Do Your Parent(s) Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles : _____ Own _____ Lease _____

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Siblings: Number _____ Ages _____

Number of siblings in college or graduate school: _____

Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

_____ Submitted your transcript, etc.

_____ Submitted **2 letters** of reference: A) High school and college students, please submit **2 Letters of Reference in writing**: Academic and/or Personal.

B) If returning to school after an extended absence, please remember to have the **Personal Reference Forms** completed, which are included at the end of this application.

_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

**Scholarship Committee
Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

Application deadline for 2021-2022 academic year: March 1, 2021
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PERSONAL REFERENCE FORM

**Requested for individuals who have been out of school
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4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

____ No

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Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

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Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

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Hours/year: _____

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D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

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Comments: _____

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Miscellaneous: \$ _____
Total Costs: \$ _____

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4. How long have you known the applicant?:

a. Personally: _____

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5. What has been your relationship with the applicant?: (Please check all that apply)

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____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent

Good

Poor

Unknown

a. Personal honesty

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7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

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A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

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Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

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Net Worth (excluding house): _____

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Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

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Yes _____ No _____ Amount _____

Comments: _____

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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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Please mail this Professional Reference form to:

**Hunterdon Healthcare Foundation
9100 Wescott Drive - Suite 202
Flemington, NJ 08822
Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

Signature: _____ Date: _____

PERSONAL REFERENCE FORM

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 DR. REINHARD and DR. HELGA SCHWARTZ NURSING EDUCATION
 SCHOLARSHIP
 WINGOVER SCHOLARSHIP FOR NURSING EDUCATION
 APPLICATION for the 2021-2022 SCHOOL YEAR**

This is the only Scholarship Application Acceptable for the Year 2021

Applicants should be pursuing a healthcare career and must be either a Hunterdon County resident, or an employee of Hunterdon Medical Center or its related organizations, or have a parent/guardian employed by Hunterdon Medical Center or its related organizations. All questions must be answered. Application will be rejected if all questions are not answered. If not applicable, put NA.

Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

Other scholarships or grants: _____

C. To be answered by applicants who have been working, who have been out of school for an extended period of time, or who are returning to school. Please submit 2 references: Current employer, associate and/or personal on the Personal Reference Form included at the end of this application, and then please mail the completed form to the Hunterdon Healthcare Foundation.

Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

If yes, where _____

D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Comments: _____

Children: Number _____ Ages _____

E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

Father's Yearly Income: _____

Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

Parents' Net Worth (excluding house): _____

If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

Do Parent(s) own home: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Number of years remaining on mortgage: _____

Do Your Parent(s) Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles : _____ Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Siblings: Number _____ Ages _____

Number of siblings in college or graduate school: _____

Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

_____ Submitted your transcript, etc.

_____ Submitted **2 letters** of reference: A) High school and college students, please submit **2 Letters of Reference in writing**: Academic and/or Personal.

B) If returning to school after an extended absence, please remember to have the **Personal Reference Forms** completed, which are included at the end of this application.

_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

**Scholarship Committee
Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

Application deadline for 2021-2022 academic year: March 1, 2021
Applications must either be in the Foundation Office by March 1st or postmarked by
March 1, 2021 – No Exceptions.

PERSONAL REFERENCE FORM

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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

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____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

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Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

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GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

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Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

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Comments: _____

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Other Income (alimony, trust, etc.): _____

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Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

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Comments: _____

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If parents are divorced, will both parents be contributing to your education?

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Comments: _____

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Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

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2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

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Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

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Type of educational program you will attend this year: (Circle one)

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GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

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Graduated From (Highest level): High School _____ College _____ Graduate School _____

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I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

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Your Yearly Income: _____

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Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

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If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

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Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

Do Parent(s) own home: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Number of years remaining on mortgage: _____

Do Your Parent(s) Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles : _____ Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Siblings: Number _____ Ages _____

Number of siblings in college or graduate school: _____

Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

_____ Submitted your transcript, etc.

_____ Submitted **2 letters** of reference: A) High school and college students, please submit **2 Letters of Reference in writing**: Academic and/or Personal.

B) If returning to school after an extended absence, please remember to have the **Personal Reference Forms** completed, which are included at the end of this application.

_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

**Scholarship Committee
Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

Application deadline for 2021-2022 academic year: March 1, 2021
Applications must either be in the Foundation Office by March 1st or postmarked by
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PERSONAL REFERENCE FORM

**Requested for individuals who have been out of school
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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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9100 Wescott Drive - Suite 202
Flemington, NJ 08822
Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

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Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

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Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

Other scholarships or grants: _____

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Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

If yes, where _____

D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Comments: _____

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E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

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Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

Parents' Net Worth (excluding house): _____

If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

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Total Costs: \$ _____

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NOTE:

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1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent

Good

Poor

Unknown

a. Personal honesty

b. Personal integrity

c. Personal ethics

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

_____ Yes If, "yes", see below

_____ No

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Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

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Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

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Comments: _____

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Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

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Yes _____ No _____ Amount _____

Comments: _____

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3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

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____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

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Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

If yes, where _____

D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Comments: _____

Children: Number _____ Ages _____

E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

Father's Yearly Income: _____

Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

Parents' Net Worth (excluding house): _____

If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

Do Parent(s) own home: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Number of years remaining on mortgage: _____

Do Your Parent(s) Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles : _____ Own _____ Lease _____

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Date of last automobile payment: _____

Siblings: Number _____ Ages _____

Number of siblings in college or graduate school: _____

Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

_____ Submitted your transcript, etc.

_____ Submitted **2 letters** of reference: A) High school and college students, please submit **2 Letters of Reference in writing**: Academic and/or Personal.

B) If returning to school after an extended absence, please remember to have the **Personal Reference Forms** completed, which are included at the end of this application.

_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

**Scholarship Committee
Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

Application deadline for 2021-2022 academic year: March 1, 2021
Applications must either be in the Foundation Office by March 1st or postmarked by
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PERSONAL REFERENCE FORM

**Requested for individuals who have been out of school
for an extended period of time
(TWO REQUIRED)**

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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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**THE REMAINDER OF THIS FORM TO BE COMPLETED BY
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Please mail this Professional Reference form to:

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9100 Wescott Drive - Suite 202
Flemington, NJ 08822
Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

Signature: _____ Date: _____

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a. Personally: _____

c. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal _____ Employer _____ Co-worker
____ Supervisor _____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

	<u>Excellent</u>	<u>Good</u>	<u>Poor</u>	<u>Unknown</u>
a. Personal honesty	_____	_____	_____	_____
b. Personal integrity	_____	_____	_____	_____
c. Personal ethics	_____	_____	_____	_____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

_____ Yes If, "yes", see below

_____ No

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Signature: _____ Date: _____

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 FOR HEALTH PROFESSIONALS
 DR. REINHARD and DR. HELGA SCHWARTZ NURSING EDUCATION
 SCHOLARSHIP
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 APPLICATION for the 2021-2022 SCHOOL YEAR**

This is the only Scholarship Application Acceptable for the Year 2021

Applicants should be pursuing a healthcare career and must be either a Hunterdon County resident, or an employee of Hunterdon Medical Center or its related organizations, or have a parent/guardian employed by Hunterdon Medical Center or its related organizations. All questions must be answered. Application will be rejected if all questions are not answered. If not applicable, put NA.

Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

Other scholarships or grants: _____

C. To be answered by applicants who have been working, who have been out of school for an extended period of time, or who are returning to school. Please submit 2 references: Current employer, associate and/or personal on the Personal Reference Form included at the end of this application, and then please mail the completed form to the Hunterdon Healthcare Foundation.

Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

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D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

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Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

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Comments: _____

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E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

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Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

Parents' Net Worth (excluding house): _____

If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

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If yes, how much _____

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If yes, how much _____

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Mortgage payment/month: _____

Number of years remaining on mortgage: _____

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Automobiles: Number of vehicles : _____ Own _____ Lease _____

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Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

_____ Submitted your transcript, etc.

_____ Submitted **2 letters** of reference: A) High school and college students, please submit **2 Letters of Reference in writing**: Academic and/or Personal.

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_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

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9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

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PERSONAL REFERENCE FORM

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<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
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Flemington, NJ 08822
Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

Signature: _____ Date: _____

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 FOR HEALTH PROFESSIONALS
 DR. REINHARD and DR. HELGA SCHWARTZ NURSING EDUCATION
 SCHOLARSHIP
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 APPLICATION for the 2021-2022 SCHOOL YEAR**

This is the only Scholarship Application Acceptable for the Year 2021

Applicants should be pursuing a healthcare career and must be either a Hunterdon County resident, or an employee of Hunterdon Medical Center or its related organizations, or have a parent/guardian employed by Hunterdon Medical Center or its related organizations. All questions must be answered. Application will be rejected if all questions are not answered. If not applicable, put NA.

Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

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High School Student: (Please submit high school transcript)

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Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

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Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

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Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

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If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

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If yes, how much _____

Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

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Mortgage payment/month: _____

Number of years remaining on mortgage: _____

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Total Costs: \$ _____

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Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent Good Poor Unknown

a. Personal honesty

____ ____ ____ ____

b. Personal integrity

____ ____ ____ ____

c. Personal ethics

____ ____ ____ ____

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

____ Yes If, "yes", see below

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Your Printed Name: _____

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a. Personally: _____

c. Professionally: _____

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____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent

Good

Poor

Unknown

a. Personal honesty

b. Personal integrity

c. Personal ethics

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Please Type or Print Clearly

Date: _____

A. Name of Applicant: _____

Age: _____

Date of Birth: _____

Home Address: _____

E-Mail Address: _____

Home Telephone Number: _____

Cell Number: _____

Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of children: _____ **Ages:** _____

Are you a resident of Hunterdon County? Yes _____ No _____

Do you or a parent work or volunteer at Hunterdon Medical Center or its affiliates? Yes _____ No _____

Which healthcare field will you pursue? Nursing _____ Physician _____

Technical (RT sonographer, etc.) _____ Allied healthcare practitioner _____

Other (Please list) _____

Type of educational program you will attend this year: (Circle one)

2 Year College 4 Year College Combined College/Graduate School

Graduate School Technical School

Name of School or prospective school(s)

Degree to be conferred: _____ **Year:** _____

Instructions: If applicant is presently in school, answer section B. If applicant has been out of school for an extended period of time, answer section C.

B. To be answered by students: Please submit 2 references in writing: Academic and/or personal.

(Circle your present level of education)

High School Student: (Please submit high school transcript)

College Student: (Please submit college transcript)

Graduate Student: (Please submit college and/or graduate transcript)

Failure to submit a transcript will disqualify your application.

GPA: _____ ACT: _____ Class Rank: _____ SAT: V. _____ M. _____ (High School Students)

School Attending now: _____ Year in School: _____

Do you work while attending school? _____ Part-time _____ Full-time _____

Do you volunteer or do community service: Yes _____ No _____

If yes, where: _____

Hours/year: _____

Scholastic awards: _____

Other awards (e.g., athletic, service, etc.): _____

Other scholarships or grants: _____

C. To be answered by applicants who have been working, who have been out of school for an extended period of time, or who are returning to school. Please submit 2 references: Current employer, associate and/or personal on the Personal Reference Form included at the end of this application, and then please mail the completed form to the Hunterdon Healthcare Foundation.

Graduated From (Highest level): High School _____ College _____ Graduate School _____

Degree _____ Year Graduated _____

Please include your most recent transcript if you have been out of school less than 5 years.

I have worked as a _____ for the last _____ year(s)

Name and address of current employer: _____

Comments: _____

Do you volunteer? Yes _____ No _____ If yes, where _____

Hours/year: _____

Do you have any service or community awards: Yes _____ No _____

If yes, where _____

D. Financial Information: (To be answered by all applicants)

Your Yearly Income: _____

Spouse's Yearly Income: _____

Other Income (alimony, trust, etc.): _____

Adjusted Gross Income (I.R.S. Form 1040): _____

Net Worth (excluding house): _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Do you own a home?: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Property taxes/year: _____

Number of years remaining on mortgage: _____

Do You Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles: Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Comments: _____

Children: Number _____ Ages _____

E. If a student is supported by parent(s), please fill in the following:

Parent(s) Name, Address and Phone Number: _____

Father's Yearly Income: _____

Mother's Yearly Income: _____

Parents' Adjusted Gross Income (I.R.S. Form 1040): _____

Parents' Net Worth (excluding house): _____

If parents are divorced, will both parents be contributing to your education?

Yes _____ No _____ Amount _____

Comments: _____

Do you have a 529 Savings Plan or equivalent? Yes _____ No _____ Value: _____

Will applicant receive funds from Grandparent(s), trusts, etc.? Yes _____ No _____

If yes, how much _____

Will parent(s) contribute to further education? Yes _____ No _____

If yes, how much _____

Do Parent(s) own home: Yes _____ No _____ Value: _____

Mortgage payment/month: _____

Number of years remaining on mortgage: _____

Do Your Parent(s) Rent?: Yes _____ Monthly Rent: _____

Automobiles: Number of vehicles : _____ Own _____ Lease _____

Loan/lease payment/month: _____

Loan/lease payment/month: _____

Date of last automobile payment: _____

Siblings: Number _____ Ages _____

Number of siblings in college or graduate school: _____

Comments: _____

F. Estimated expenses for preferred educational program:

Tuition: \$ _____
Room & Board: \$ _____
Textbooks & Fees: \$ _____
Miscellaneous: \$ _____
Total Costs: \$ _____

G. Please write a 250-300 word essay. It is important that you clearly state why you have chosen your field of study and why you are requesting an Educational Scholarship.

Please attach to application form:

NOTE:

All of the following must be included to be considered for financial assistance. Before submitting this application have you:

_____ Answered **all** questions

_____ Submitted your transcript, etc.

_____ Submitted **2 letters** of reference: A) High school and college students, please submit **2 Letters of Reference in writing**: Academic and/or Personal.

B) If returning to school after an extended absence, please remember to have the **Personal Reference Forms** completed, which are included at the end of this application.

_____ Written your **250-300** word essay

SEND APPLICATION FORM TO:

**Scholarship Committee
Hunterdon Healthcare Foundation
9100 Wescott Drive – Suite 202
Flemington, N.J. 08822
908-788-6141**

Application deadline for 2021-2022 academic year: March 1, 2021
Applications must either be in the Foundation Office by March 1st or postmarked by
March 1, 2021 – No Exceptions.

PERSONAL REFERENCE FORM

**Requested for individuals who have been out of school
for an extended period of time
(TWO REQUIRED)**

This is the only Personal Reference form that the Scholarship Committee will accept

<p><u>To Be Completed By Applicant</u></p> <p>Name of Applicant: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>I WAIVE ANY RIGHT TO INSPECT THE CONTENTS OF THIS REFERENCE</p> <p>Signature of Applicant: _____ Date: _____</p>
--

**THE REMAINDER OF THIS FORM TO BE COMPLETED BY
RESPONDENT**

The above named individual has applied for a Scholarship from the Hunterdon Healthcare Foundation Educational Fund. As part of the application process, references to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant must be submitted by an employer or personal reference.

This form has been supplied to you by the applicant. Your candid appraisal of the applicant's character and/or professional competence is appreciated.
Please mail this Professional Reference form to:

**Hunterdon Healthcare Foundation
9100 Wescott Drive - Suite 202
Flemington, NJ 08822
Attention: Scholarship Committee**

1. Your Name: _____
2. Your Address: _____
3. Your Telephone Number: (____) _____

4. How long have you known the applicant?:

a. Personally: _____

b. Professionally: _____

5. What has been your relationship with the applicant?: (Please check all that apply)

____ Personal

____ Employer

____ Co-worker

____ Supervisor

____ Other, please specify _____

6. Please indicate your appraisal of the applicant in the following categories:

Excellent

Good

Poor

Unknown

a. Personal honesty

b. Personal integrity

c. Personal ethics

7. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?

_____ Yes If, "yes", see below

_____ No

8. Any additional information or comments may be added to help assist the Scholarship Committee in its deliberations.

Your Printed Name: _____

Signature: _____ Date: _____

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____ Supervisor

____ Other, please specify _____

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____ ____ ____ ____

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____ ____ ____ ____

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____ ____ ____ ____

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____ No

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