

DR. ANTHONY J. ADDEO SCHOLARSHIP FUND

Dear Applicant:

The Scholarship Committee welcomes you as a candidate for an Anthony J. Addeo, M.D. Scholarship Award, established by Mr. and Mrs. Michael A. Simonelli, to honor the memory of a physician who contributed greatly to the advancement of medicine at St. Joseph's Wayne Hospital.

The Scholarship Fund is intended to assist students pursuing an education in the nursing profession.

It is our hope that the recipients of an award will exemplify those traits embodied by Dr. Addeo's compassion, scientific curiosity and a deep concern for their patients.

Award selections will be determined on the basis of the following criteria:

- 1. Enrollment or proof of acceptance in a nursing program*
- 2. Demonstrated financial need.*
- 3. Clearly stated career goals.*

In order to be considered for such an award, it is essential that you carefully read the instructions, complete the application form and provide all requested supporting materials.

We wish you every success in your application for a scholarship and in your chosen profession—Nursing.

Mrs. Michael A. Simonelli, Chairperson

 **St. Joseph's**
Wayne Hospital Foundation

DR. ANTHONY J. ADDEO SCHOLARSHIP FUND

The Dr. Anthony J. Addeo Scholarship is made possible through the generosity of private donations. For more information, please contact the St. Joseph's Wayne Hospital Foundation at 973.956.3304.

**St. Joseph's Wayne Hospital Foundation
224 Hamburg Turnpike
Wayne, NJ 07470**



.....a program of financial assistance inspired by the memory of Dr. Addeo and designed to provide support to those who seek a career in Nursing....

 **St. Joseph's**
Wayne Hospital Foundation

*A Member of the St. Joseph's Healthcare System
Sponsored by the Sisters of Charity of Saint Elizabeth*

ANTHONY J. ADDEO, M.D. SCHOLARSHIP FUND

APPLICATION FORM: All questions must be answered fully or application will be rejected. Date _____

A. Name _____ Telephone _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

B. If currently enrolled, state nursing program _____ Expected date of completion _____

1. Current Collegiate Cumulative Grade Point Average _____ and Year _____

2. If no college credits, state High School cumulative grade point average _____ and year _____

C. If not currently enrolled, state colleges or programs to which you have applied (Note: attach proof of acceptance)

1. _____ Accepted _____ 2. _____ Accepted _____

3. _____ Accepted _____ 4. _____ Accepted _____

Which school do you wish to attend? _____

D. List any distinctions, honor, or awards, scholastic or otherwise, you have received _____

E. FINANCIAL INFORMATION: (This Information Will Be Held In Strict Confidence)

Provide the following from most recent Federal Income Tax Return. Note: If you are claimed as a dependent on someone else's tax return, (example dependent child, married joint tax return) you must report the gross family income and dependents from that return in section E-1a.. Report your own individual income and any of your own specific dependents in section E-1b. When reporting dependents, remember to include yourself in the number of dependents)

1a Reported Gross Family Income _____ Total No. of Family Dependents _____ Age(s) _____

1b Your Individual Gross Income _____ Total No. of your dependents (if any) _____ Age(s) _____

2. Are any other family members attending college? If so, please state how many _____ and schools they attend:

a. _____ b. _____

c. _____ d. _____

3. Itemize your projected academic expenses for your next school year:

Tuition. \$ _____ Fees \$ _____

Books. \$ _____ Other Expenses \$ _____

(Please describe other expenses, if any). _____

Total academic Expenses \$ _____

4. Have you applied for other tuition assistance or scholarship aid? If so, please state:

Source: Annual Amount Received or Requested

a. _____

b. _____

c. _____

5. Do you receive tuition reimbursement from your employer? _____ Please state Amount \$ _____

F. Have you previously applied for and/or received the Addeo Scholarship Award? Yes _____ No _____

Applied: Year _____ Year _____ Year _____

Received Award: Year _____ Amount _____ Year _____ Amount _____ Year _____ Amount _____

G. Are you currently, or have you ever been employed, or served as a volunteer at St. Joseph's Wayne Hospital? Yes _____ No _____

If so, please state in what capacity, and during what period of time? _____

H. If you are awarded a scholarship, please indicate how money will be used _____

I. All applications must be accompanied by an Official Transcript from the school you are currently attending. If not currently enrolled, the school which has granted your most recent degree.

J. The Addeo Scholarship Fund is intended to assist students in pursuing an education in the nursing profession.

Please submit an essay on a separate sheet of paper, describing why you chose nursing as a profession, your educational objectives, achievements, long-term professional goals and why you should be considered for this scholarship.

K. Kindly have at least one letter(s) of recommendation on Letterhead sent from an Employer or Scholastic, Educational, or Professional Organization.

I certify that all information in this application and its attachments are correct:

Applicant's Signature _____ Date _____

Please mail Application, Essay, Letters of Recommendation and Transcript to:
St. Joseph's Wayne Hospital, 224 Hamburg Tpke. Wayne, NJ 07470 ATTN: Foundation Office/3rd floor (973) 956-3304

PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS COMPLETELY.

APPLICATION DUE BY: JULY 1