



APPLICATION FOR CARE SCHOLARSHIP Jersey Shore University Medical Center

Student Qualification

To qualify for one of the Jersey Shore University Medical Center Community, Action, and Recognition of Excellence (CARE) Scholarships, you must be a US citizen or permanent resident and be accepted into the Doctor of Medicine degree program at St. George's University. In addition, an applicant must fulfill at least one of the following criteria and provide physical verification:

PLEASE CHECK ALL THAT APPLY

- I am an employee of Jersey Shore University Medical Center and have been for a minimum of one year.
- An immediate family member is an employee of Jersey Shore University Medical Center and has been for a minimum of one year.
- I am currently and have been a resident of Monmouth or Ocean County, New Jersey for a minimum of one year.

Selection Process

Eligible students can apply for this scholarship once they have been accepted into the St. George's University School of Medicine MD program. Scholarship applications should be sent directly to CARE-scholarships@sgu.edu.

Please note that this scholarship program is generally very competitive. Unfortunately, awards cannot be made to every deserving student. Award determinations are based on: (1) Demonstrated academic excellence and (2) The applicant's commitment to the special qualities associated with this program. The scholarship is not based on financial need or the availability of funds from the school and other sources.

Application Instructions

1. Write an essay explaining why you are a good candidate for the Jersey Shore University Medical Center CAREScholarship program based on one or more of the following topics: (A) outstanding academic achievement; (B) community work; (C) leadership roles; (D) financial hardship. **Essays should be approximately 500 words, typed, and enclosed with this application.**
2. Complete all questions/fields listed on page 1–4.
3. Include documentation which supports that you meet either the Monmouth or Ocean County, NJ residency or Jersey Shore University Medical Center employment criteria (i.e. pay stub, residency affidavit, copy of lease, etc.).
4. Electronically sign or print this application and sign the agreement on **page 2** and the FERPA release on **page 3**.
5. **Email all documents in a single attachment to CARE-scholarships@sgu.edu.**

Student Name: _____ Student ID Number: _____

Student Information

1. Name: _____
2. Student ID Number: _____ 3. Date of Birth: (mm/dd/yyyy) ____ / ____ / ____
4. Permanent address: _____
5. Mailing address: _____
6. Phone number: _____ 7. Email: _____
8. Country(s) of citizenship: _____ 9. Country(s) of legal residence: _____

Jersey Shore University Medical Center Employee Information

Only complete if you or someone in your immediate family is currently employed by Jersey Shore University Medical Center and has been for a minimum of one year.

1. Name of Employee: _____ 2. Relationship: _____
3. Department: _____
4. Employee Phone number: _____ 5. Employee Email: _____

Student's Commitment and Expectations

In return for accepting the scholarship, students must:

1. Complete all required third-year core rotations at Jersey Shore University Medical Center.
2. Maintain the regular academic standards set forth by St. George's University School of Medicine.

Application Deadlines and Award Notification

Jersey Shore University Medical Center CARE Scholarships will be awarded in the August start terms. Applications will receive a decision in a timely manner. Applications will not be reviewed until after the application deadline.

DEADLINE:

June 20

Late applications will be reviewed up to the day of registration for students with extenuating circumstances, including being accepted to the University after the scholarship deadline. No application will be accepted later than the first day of classes.

I understand that by applying for the CARE Scholarship I am also giving St. George's University my permission to share financial and academic information gathered as part of my application for admission and this scholarship with Jersey Shore University Medical Center.

Signature: _____ Date: ____ / ____ / ____

Student Name: _____ Student ID Number: _____

FERPA RELEASE

Student Name _____

Identification Number _____

Address _____

I, the undersigned, hereby authorize St. George's University ("SGU") to release the following educational records and information:

Financial Information; Student Identification Number; Race, Ethnicity, and/or Nationality; Gender; Transcripts; Grade Reports

to Jersey Shore University Medical Center for the purpose of my application for the CARE Scholarship.

This Release is effective for one (1) year from the date of this Release.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) I may withdraw this Release at any time prior to its expiration by writing to the address listed below via Certified Mail or Hand Delivery:

St. George's University
c/o University Support Services, LLC

ATTN: Michelle Lewis
3500 Sunrise Highway, Building 300
Great River, NY 11739

Signature: _____ Date: ____/____/____

Student Name: _____ Student ID Number: _____

ESSAY

Write an essay explaining why you are a good candidate for the Jersey Shore University Medical Center CARE Scholarship program based on one or more of the following topics: (A) outstanding academic achievement; (B) community work; (C) leadership roles; (D) financial hardship. Please use the space below or submit the essay on a separate sheet of paper. **Essays should be approximately 500 words, typed, and enclosed with this application.**

Student Name: _____ Student ID Number: _____