The Elizabeth "Betsy" Gilbertson Nursing Scholarship

Application Information: In recognition of her time and contributions to advance of the health of youth in our community, AtlantiCare is honored to launch the Elizabeth "Betsy" Gilbertson Nursing Scholarship. The intention of this scholarship is to ease the financial burden to assist individuals in achieving their goal of becoming a nurse (RN or BSN).

Funding Information: Annually two awards of $5,000 each will be issued those who will be pursuing their nursing degree at a two or four year academic institution.

Application Criteria:

- Applicants are limited to AtlantiCare employees and their dependents **OR** individuals who have received care from the Local 54 / Unite Here Elizabeth "Betsy" Gilbertson Health Center.

- The scholarship recipient is expected to maintain a cumulative GPA of 3.0 and enrolled full-time (12 or more credits).

- Applicants must demonstrate financial need to be eligible for the scholarship.

- Applicants must submit a complete application form along with an essay and all supporting documents by *May 9, 2025.*

Terms & Conditions:

Scholarship recipients are expected to maintain a GPA of 3.0 and be enrolled full-time (12 or more credits) to qualify for this scholarship. Verification of enrollment is required. Scholarship funds will be paid directly to the accredited college or university in which the student is enrolled. The scholarship can be used to offset any monies owed by the recipient to the school of their choosing, even after tuition reimbursement is applied. Scholarship funds will not be paid directly, nor reimbursed, to an award recipient. Scholarship funds can be applied toward tuition fees or book purchases and other appropriate educational expenses.

Supporting Documents:

1. **Essay & Statement of Need**: Prepare an essay of up to 500 words describing the following:
   - Your passion for obtaining your nursing degree
   - What makes you stand out from other applicants?
2. **Enrollment Verification**: Please provide verification of enrollment.
3. **Transcript(s)**: Additionally, please provide a copy of transcript(s).

Certification & Release:

All applicants must sign the attached application, certifying that all information is true and complete to the best of their knowledge. Upon submission of the completed application, applicants grant AtlantiCare the right to use any information contained in the application for the purpose of promoting and publicizing the fellowship program.

Submission of Application: All complete applications must be received by ***May 9, 2025***. Incomplete applications will not be considered.

Applications and supporting documents can be sent to:

AtlantiCare Foundation
1809 Pacific Ave
Atlantic City, NJ 08401

Completed applications can also be emailed to **giving@atlanticare.org**
(*an acknowledgement will be emailed to the applicant upon receipt*).

AtlantiCare
FOUNDATION

The Elizabeth "Betsy" Gilbertson Nursing Scholarship

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Name of school and nursing program that the applicant is currently enrolled or plans to enter:

_____

Anticipated college graduation date: _____

The applicant must complete the **Elizabeth "Betsy" Gilbertson Nursing Scholarship** application. Applications must be signed and dated in the space provided. *Incomplete applications will not be processed.*

Supporting Documents

1. **Essay & Statement of Need**: The applicant must submit an essay of up to 500-words addressing the following:
    - Your passion for obtaining your nursing degree
    - What makes you stand out from other applicants?
2. **Enrollment Verification**: Please provide verification of enrollment.
3. **Transcript(s)**: Additionally, please provide a copy of transcript(s).

ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE ATLANTICARE PERMISSION TO USE MY NAME AND PHOTOGRAPH FOR THE PURPOSE OF PUBLIC RELATIONS AND PUBLICATIONS. NOTE: ALL INFORMATION SUBMITTED WILL BE HELD CONFIDENTIAL UNLESS OTHERWISE NOTED.

Applicant Name (print) _____

Signature _____ **Date**_____