



Dr. James Lowe Nursing Scholarship

Purpose:

The Dr. James Lowe Nursing Scholarship recognizes the contributions of the many nurses and CRNAs who supported Dr. Lowe during his surgical career. Their efforts were vital to ensuring his ability to care for our region's patients in need of spinal surgery.

As a way to say thank you for the clinical support that he has received, and in an effort to ensure that AtlantiCare continues to benefit from having a wide-pool of well trained nurses to continue to meet the surgical needs of the future, we present the Dr. James Lowe Nursing Scholarship.

Award Description:

Annually a minimum of two awards of \$5,000 each will be issued to eligible individuals who are pursuing a career in nursing, and who are formally enrolled in a nursing program. In addition, one \$10,000 award may be issued to a qualifying CRNA student.

Eligibility:

- Applicants must have graduated high school.
- Applicants must be enrolled in a 4-year degree program or must have completed the pre-requisites required at an accredited community college and be formally enrolled in their nursing studies program.
- Applicants' home address must be within Atlantic County, NJ.
- Applicants must demonstrate financial need to be eligible for the scholarship.
- Applicant must have documented volunteer service to the community in an area of their choosing.
- Applicants must have two letters of recommendation from a non-relative to know the applicant in a community or educational capacity. Letters from friends and/or family will not count toward meeting the application's requirements.
- Applicants must complete and submit the entire an application packet, and have it **post marked by Friday, July 10th, 2026** to be considered.

Restrictions:

Individuals who are pursuing a career in nursing but who have yet to be formally accepted in that college/ university's School of Nursing, are currently not eligible for this award.

Individuals who have already received the award are not eligible to re-apply for scholarship support.

Scholarship Terms & Conditions:

Scholarship recipients must be enrolled and attend an accredited college or university with tuition requirements in the academic year following the grant award. Verification of enrollment and financial need is required. Scholarship funds will be paid via check directly to the accredited college or university in which the student is enrolled. Under no circumstances will funds be paid directly, or reimbursed to an award recipient. Scholarship funds will be applied toward tuition or other appropriate educational expenses, as determined by the fund supporters in partnership with the AtlantiCare Foundation. For every award, an expectation of one year of service to AtlantiCare may be required at the discretion of the funding agency. This is a competitive selection process.

Supporting Documents:

Along with a completed application form, interested applicants must also submit the following:

- Supporting documents that support the stated community service/ volunteer work that the applicant has participated in. This could include any awards, certificates or commendations that the applicant might have received in reference to volunteer work.
- A copy of applicant's transcripts, including class rank. Transcripts should be from applicant's high school and/or undergraduate school.
- Two letters of recommendation from a non-relative.

Certification & Release:

Each applicant and where appropriate, his or her parent or guardian, 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 the AtlantiCare Foundation and the Dr. James Lowe Nursing Scholarship the right to use any information contained in the application for the purpose of promoting and publicizing the scholarship, or as is legally required or permitted by law.

Submission of Application:

All complete applications must be postmarked by **July 10th, 2026**. Incomplete applications will not be considered. Applications can be sent to:

**AtlantiCare Human Resources, Engagement Department
Attn: Tracey Gillespie
6550 Delilah Road, Suite 500
Egg Harbor Township, NJ 08234**

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



**Dr. James Lowe Nursing Scholarship
Application Form**

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Applicant Email Address: _____

Applicant Phone Number: _____

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

Anticipated graduation date: _____

Please list any student awards that the applicant may have received: *Post-High School Applicants, can leave this section blank if necessary.*

Please list any extra-curricular or leadership activities in which the applicant has participated. Please also list the number of years the applicant has participated.

<u>Activity</u>	<u>Number of Years Active</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Activities can be listed on a separate sheet of paper and submitted along with the application. Post-High School Applicants, can also leave this section blank if necessary.

Official Transcript/Academic Achievement: An official up-to-date (sealed) transcript of the high school/ current undergraduate school must accompany the scholarship application and must be postmarked no later than **July 10th, 2026**.

Statement of Need/ Enrollment:

___ Yes, I certify that I am giving the AtlantiCare Foundation permission to verify my enrollment and/or financial need with the nursing school listed in my application.

Please contact the registrar's office at: _____.

Please contact the bursar's office at: _____.

Please provide contact information (phone or email) for these offices.

No other information will be discussed at the time of verification. No income information will ever be shared. AtlantiCare will only verify that there is a financial need.

Letters of Recommendation:The applicant must submit two letters of recommendation. It is desired that these letters address the applicant's qualities such as motivation, leadership and commitment. Letters should be submitted with the completed fellowship application form.

ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE THE ATLANTICARE FOUNDATION PERMISSION TO USE MY NAME AND/OR PHOTOGRAPH FOR THE PURPOSE OF PUBLIC RELATIONS AND PUBLICATIONS. NOTE: ALL INFORMATION SUBMITTED WILL BE HELD CONFIDENTIAL UNLESS OTHERWISE NOTED. I ALSO HEREBY GIVE ATLANTICARE PERMISSION TO CONTACT THE STATED NURSING SCHOOL ON THE APPLICATION TO VERIFY MY ENROLLMENT AND NEED. I UNDERSTAND THAT I ALSO MAY BE ASKED TO PARTICIPATE IN AN AWARDS CEREMONY AND WILL MAKE THE BEST EFFORT TO ATTEND THIS CEREMONY.

Applicant Signature: _____

Date: _____

If you are a minor, a parent and/or guardian must also sign here:

Parent/ Guardian Name: _____

Signature _____ Date: _____

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