



AtlantiCare 2025 H.O.P.E. Employee Scholarship

H.O.P.E. will focus exclusively on recovery from addictions. H.O.P.E.'s mission is to provide education, awareness, support, and advocacy for the needs of recovering individuals and the family/friends of those who are affected by addictions, throughout the healthcare continuum and in our community.

Purpose: The H.O.P.E. - Helping Others achieve Personal Excellence Employee Resource Group Scholarship was established in 2022 to support the academic endeavors of AtlantiCare employees and/or their immediate family members.

Award Description: The intention of this scholarship is to ease the financial burden and assist individuals in achieving their goal of pursuing a career in healthcare.

Funding Information: \$1,000 scholarship will be awarded to one student pursuing a degree in healthcare related studies.

Eligibility:

- Applicants are limited to AtlantiCare employees or their immediate family members.
- The scholarship recipient must have previously maintained a cumulative GPA of 3.0 or greater.

Scholarship applicant must not have:

- Counseling or disciplinary actions in the previous 12 months.
- Any Opportunity for Improvement ratings in the Values section or the Overall Rating of the latest performance evaluation.

Essay: (no more than 800 words):

- Reason and area of interest in the healthcare sector.
- How obtaining the degree would support both your own growth as well as the growth of the organization as you develop your career path.
- How does H.O.P.E.'s mission align with your academic goals?

Terms & Conditions: Scholarship recipients must be enrolled and attend an accredited college or university with tuition responsibilities in the academic year following their selection. Verification of enrollment is required.

Supporting Documents: Along with a completed application form and essay, interested applicants must also submit the following:

- College Transcript (unofficial will be accepted)
- Proof of enrollment

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 ERG scholarship program. Additionally, by signing this application I give permission to AtlantiCare to use my photographic image for its internal and external use.

Submission of Application: All complete applications must be received by **8/29/25**. Incomplete applications will not be considered. Applications and supporting documents can be sent to:

AtlantiCare Foundation
Attn: H.O.P.E. Employee Scholarship
1809 Pacific Avenue
Atlantic City, NJ 08401

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



Application for the AtlantiCare 2025 H.O.P.E. Employee Scholarship

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Clock Number: _____

Current AtlantiCare Department & Position: _____

Have you had disciplinary action in the last 12 months? YES or NO

Were you evaluated as an opportunity for improvement in your last evaluation? YES or NO

Name of college or University that the applicant is currently enrolled:

Current GPA: _____

Degree Intentions: _____

Current Number of Completed Credits: _____

Declared Major: _____

Anticipated graduation date: _____

Supporting Documents

1. Essay and statement of need: (no more than 800 words):

- Reason and area of interest in the healthcare sector.
- How obtaining the degree would support both your own growth as well as the growth of the organization as you develop your career path.
- How does H.O.P.E.'s mission align with your academic goals?

2. Transcripts: a copy of transcripts from the college or university. An unofficial copy will be accepted.

3. Proof of enrollment

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** _____