



AtlantiCare 2025 LEGACY Employee Scholarship

The LEGACY mission is to empower our workplace and community to embrace diversity and promote healthy living.

Purpose: The LEGACY - Leaders Empowering Generations AtlantiCare Community and You Employee Scholarship was established in 2019 to encourage an employee of Black or African-American descent to pursue careers in healthcare, in either clinical or non-clinical fields.

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 Black or African-American descent team 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 LEGACY'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, with at least 24 earned credits. 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 **8/29/2025**. Incomplete applications will not be considered. Applications and supporting documents can be sent to:

AtlantiCare Foundation
Attn: LEGACY Employee Scholarship
1809 Pacific Avenue
Atlantic City, NJ 08401

Completed applications can also be emailed to **tracey.gillespie@atlanticare.org**



Application for the 2025 LEGACY Employee Scholarship

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Applicant 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

Current GPA: _____ **Current Number of Completed Credits:** _____

Degree Intentions: _____ **Associate's Degree** _____ **Bachelor's Degree** _____ **Master's Degree**

Declared Major: _____

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

Anticipated graduation date: _____

The applicant must complete the LEGACY Employee Scholarship Program 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 addressing the following:
 1. Reason and area of interest in the healthcare sector
 2. How obtaining the degree would support both your own growth as well as the growth of the organization as you develop your career path.
 3. How does LEGACY'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** _____