

## Linda E. Brown Nursing Scholarship

**Purpose:**

The Linda E. Brown Nursing Scholarship was established in 2019 by the AtlantiCare Foundation as a result of donations received to honor a longtime AtlantiCare employee and friend, Linda E. Brown. Linda graduated from Seton Hall University College of Nursing in South Orange, New Jersey. She retired in 2018 after 45 years of service working as a bedside nurse, preceptor and team leader. The last 40 years were at AtlantiCare in both the City and Mainland divisions.

**Award Description:**

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:**

One scholarship in the amount of \$1,000 will be awarded.

**Eligibility:**

- Applicants must have graduated high school.
- Applicants are limited to AtlantiCare employees and their family members.
- The scholarship recipient must maintain a cumulative GPA of 3.0.
- Scholarship recipients must attend an accredited college or university within the tristate area (New Jersey, Pennsylvania, or Delaware).
- Applicants must demonstrate financial need to be eligible for the scholarship.
- Applicants must submit a complete application form along with a two-page essay and all supporting documents by **Friday, August 29, 2025**.

**Restrictions:**

Students cannot already be eligible for tuition reimbursement.

**Supporting Documents:**

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

- A copy of applicant's transcripts. Transcripts should be from applicant's high school and/or undergraduate school.
- Verification of enrollment.

**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. Scholarship funds will be paid via check directly to the accredited college or university in which the student is enrolled. 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, as determined by the Linda E. Brown Nursing Scholarship Committee.

**Certification & Release:**

All applicants (and where appropriate their 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 Linda E. Brown Nursing Scholarship Fund and 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 ***Friday, August 29, 2025***. Incomplete applications will not be considered. Applications and supporting documents can be sent to:

AtlantiCare Foundation  
Attn: Linda E. Brown Nursing Scholarship  
1809 Pacific Ave.  
Atlantic City, NJ 08401

Completed applications can also be emailed to **[tracey.gillespie@atlanticare.org](mailto:tracey.gillespie@atlanticare.org)**



**Application for the Linda E. Brown 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 graduation date:** \_\_\_\_\_

The applicant must complete the Linda E. Brown 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 a two page legible (preferably typewritten) essay addressing the following:
  1. When did you know when you wanted to be a nurse? Why?
  2. Who are your role models who influenced you to become a nurse?
  3. Why are you in need of a scholarship?
- 2. Enrollment Verification:** Please provide verification of enrollment.
- 3. Transcripts:** Additionally, please provide verification of enrollment and a copy of transcripts.

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. 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 Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***\*If you are a minor your parent(s)/guardian(s) must sign here:***

**Parent/Guardian Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_