



## 2026 Amanda Cortopassi Nursing Education Scholarship

**Application Information:** The Amanda Cortopassi Nursing Education Scholarship Fund was established in memory of nursing student Amanda Cortopassi, by her family and friends in 2005. The mission of this fund is to sponsor young people, with a passion for caring, on their journey toward becoming nurses. Amanda's deep desire to help others led her to pursue a career in Nursing. Although her life was tragically cut short, her mission continues. The goal of this fund, along with the AtlantiCare Foundation, is to support one entry level nursing student in their pursuit of a career in the healthcare profession. One student is awarded a \$2,000 scholarship.

### **Application Criteria:**

- Employed by AtlantiCare, or a child or spouse of an AtlantiCare employee.
- If an AtlantiCare employee, employee must be in good standing
- Currently enrolled in a pre-licensure Nursing program and in good academic standing (GPA of 3.0 or higher)
- Current unofficial transcript must be provided

### **Essay:**

- 300-Word typed essay on: "Why I have chosen Nursing as my profession..."

### **Letters of Recommendation:**

- The applicant must submit two letters of recommendation  
*\*If applicant is an AtlantiCare employee, one letter must be from Manager/ Supervisor*

**Submission of Application:** All complete applications must be received by Friday, April 3<sup>rd</sup>, 2026. Incomplete applications will not be considered.

Applications and supporting documents can be sent to:

**AtlantiCare Foundation  
Attn: Tracey Gillespie  
1809 Pacific Ave  
Atlantic City, NJ 08401**

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



***Application for Amanda Cortopassi Nursing Education 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:**  
\_\_\_\_\_

**School Mailing Address:** \_\_\_\_\_

**School City/State/Zip:** \_\_\_\_\_

**If an AtlantiCare Employee:**

Clock #:	Unit/ Department:	Position:
Name of Manager/ Supervisor:		

**If applying as a child or spouse of an ARMC employee, please indicate:**

Employee Name:	Unit/ Department:	Relationship:
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**Supporting Documents**

1. 300-Word typed essay on: "Why I have chosen Nursing as my profession..."
2. Two letters of recommendation  
i) If applicant is an AtlantiCare employee, one letter must be from Manager/ Supervisor
3. Current unofficial transcript must be provided

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** \_\_\_\_\_