Lowe-Zerbo Nursing Scholarship Fund

Purpose:
The Lowe-Zerbo Nursing Scholarship Fund was established by the AtlantiCare Foundation with the generous backing of local neurosurgeons Dr. James Lowe and Dr. Joseph Zerbo. Drs. Lowe and Zerbo daily recognize the contributions of their fellow nurses which support their efforts to care of our area’s patients in need of spinal surgery. As a way to say thank you for the clinical support that they’ve received, and in an effort to ensure that AtlantiCare and our local community continues to benefit from having a wide-pool of well trained nurses to continue to meet the surgical needs of our local community, Drs. Lowe and Zerbo present the Lowe-Zerbo Scholarship Fund.

Award Description:
Annually 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 an addition one $10,000 award will 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 for the CRNA award must be enrolled in a certified CRNA program.
• Applicants’ home address must be within Atlantic County, New Jersey.
• 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 knows 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 application packet, and have it post marked by May 29, 2020 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 Lowe-Zerbo Nursing Scholarship Fund 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 May 29, 2020. Incomplete applications will not be considered. Applications can be sent to:

AtlantiCare Foundation
Attn: Lowe-Zerbo Scholarship
2500 English Creek Avenue
Building 600, Suite 601
Egg Harbor Township, NJ 08234

Applications can also be emailed to giving@atlanticare.org by the stated deadline.
Lowe-Zerbo Nursing Scholarship Fund  
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.
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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.

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<th>Number of Years Active</th>
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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.
Please list the organization(s) with which the applicant has volunteered and/or provided community service.

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Please list the applicant’s career goals:

________________________________________________________________________
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Please state why the applicant should be awarded this scholarship:

________________________________________________________________________
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Please select one of AtlantiCare’s Core Values and write a brief description as to what this means to you and how you will be able to live out this value as a nurse. AtlantiCare’s values are Safety, Integrity, Service, Teamwork, and Respect. (Responses more than 750 words will not be considered.)

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**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 May 29, 2020.

**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: ____________________________

All complete applications must be postmarked by May 29, 2020. Applications can be sent to: AtlantiCare Foundation, Attn: Lowe-Zerbo Scholarship, 2500 English Creek Avenue, Building 600, Suite 601, Egg Harbor Township, NJ 08234. Applications can also be emailed to giving@atlanticare.org. An acknowledgment will be emailed to the applicant upon receipt.