



New Jersey Hospital Employee Health Nurse Association

Scholarship Application

Name: _____

Home Address: _____

Phone number: _____

Email Address: _____

Place of Employment _____

Member of NJHEHNA (dates) _____

Active? Yes _____ No _____

Academic Criteria:

Documentation of course or program

Attached? Yes _____ No _____

Goal Statement

Attached? Yes _____ No _____

Research Criteria:

Purpose of project _____

Goals or objectives as they benefit the Employee Health Profession

Attached? Yes _____ No _____

Significance of project to Employee Health Profession

Attached? Yes _____ No _____

Mail completed application to:

**Maureen Badaracco, RNC, BSN
Bayonne Medical Center
29 East 29th Street
Bayonne, NJ 07002**