



SAMBROOK FELLOWSHIP

APPLICATION PACKET



Dear Sambrook Fellowship Applicant:

Shore Medical Center is pleased to provide financial support through the generosity of Earl Sambrook's Estate to employees of the Shore Medical Center for furthering education to support bed-side nurses in a patient care setting.

Shore Medical Center agrees:

- To pay \$2,000 maximum for tuition, fees, uniform, books, and durable equipment as required by the school in one academic year (September through August). Any tax liability will conform to Federal and State requirements at the time of the tuition payment.

Applicant requirements for Sambrook Fellowship consideration:

- Provide a one-page cover letter explaining your interest in and what goals you hope to attain from the Program.
- Provide a resume and application for the Fellowship Program.
- Provide (2) reference letters. (One letter from your Shore Medical Center Care Manager)
- Complete a personal interview with representatives of the Sambrook Fellowship Committee by appointment.

The Sambrook fellowship recipient will agree to the following conditions:

- Maintain active employment at Shore Medical Center.
- Maintain a "B" grade point average or equivalent.
- Provide Shore Medical Center with a copy of your grade report each semester.
- Provide original receipts of purchases.
- Work as a Licensed Nurse at Shore Medical Center upon graduation and licensure for a total of 2,080 hours for each year Fellowship monies are received.
- Sign and adhere to a Promissory Note.

Applications and packets are available in the Human Resource's Department of Shore Medical Center. The Sambrook Fellowship Committee will prioritize the acceptance into this program based on the following degree levels:

1. Non-Clinical to LPN or RN and LPN to RN;
2. RN to BSN;
3. BSN to Masters Degree (based on degree programs that bring value to the organization.)

For further questions or clarification please contact:

**Ms. Kathryn Mauro
Director of Benefits
Shore Medical Center
100 Medical Center Way
Somers Point, NJ 08244
609-653-4533**

Sincerely, *Kathryn Mauro*



Somers Point, New Jersey 08244
609-653-4533

100 Medical Center Way

SAMBROOK FELLOWSHIP APPLICATION

Name: _____ Department: _____
Telephone Number: _____ Extension: _____
Social Security Number: _____ Employee Number _____
Present Position: _____ Degree to be Achieved: _____

PROFESSIONAL DEVELOPMENT

Current Certifications: _____

Number of Continuing Education Hours within the last 12 months: _____
(To receive a summary of your continuing education hours, please contact Organizational Development by calling extension 3868).

EDUCATION AND TRAINING

Name of school	City, State	Course(s)	Dates attended

Please complete information on the two people writing your letters of reference (one letter from your Shore Medical Center Care Manager).

Name	Position	Firm	Address	Phone Number
1. _____				
2. _____				

I certify that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. It is agreed that any misrepresentation by me in this application will be sufficient cause for its cancellation and dismissal from the Sambrook Fellowship Program.

I have read, met and will comply with the Sambrook Fellowship criteria.

Signature: _____ Date: _____

Shore Medical Center
Sambrook Fellowship

Each Sambrook Fellowship applicant shall receive:

- ❑ Fellowship applicant information cover letter
- ❑ Sambrook Fellowship Application
- ❑ Contractual Agreement
- ❑ Promissory Note
- ❑ Expense Settlement Form

Each Sambrook Fellowship applicant shall provide the following information:

- ❑ Cover letter
- ❑ Application
- ❑ Resume
- ❑ Letter of Reference from Shore Medical Center Manager
- ❑ Letter of Reference
- ❑ Signed Contractual Agreement
- ❑ Signed Promissory Note
- ❑ Provide original receipts of purchase

File shall contain the information provided by interviewee and the following:

- ❑ Interview notes from the interviewers
- ❑ Copies of receipts submitted for semesters and expense settlement form
- ❑ Signed and dated contract
- ❑ Signed Promissory Note
- ❑ Copies of all correspondence between SMC and fellowship recipient