



St. Joseph's Health  
FOUNDATION

# SUPPORTING FUTURE NURSES

## SCHOLARSHIP OPPORTUNITIES

### DR. ANTHONY J. ADDEO SCHOLARSHIP

DEADLINE: FRIDAY, AUGUST 20TH, 2021

*St. Joseph's Health Foundation is proud to offer two financial assistance programs inspired by the memory of Dr. Anthony Addeo and Rev. Msgr. Mark Giordani. These scholarships will provide support to individuals who are interested in a career in nursing.*

The Scholarship Committee welcomes you as a candidate for an **Anthony J. Addeo, M.D. Scholarship Award**, established by Mr. and Mrs. Michael A. Simonelli, to honor the memory of a physician who contributed greatly to the advancement of medicine at St. Joseph's Wayne Medical Center.

The Anthony J. Addeo, M.D. Scholarship Fund is intended to assist students pursuing a career in nursing. It is our hope that the recipients of an award will exemplify those traits embodied by Dr. Addeo's compassion, scientific curiosity and a deep concern for their patients.

*This scholarship was established by Mr. and Mrs. Michael A. Simonelli and has continued thanks to private funders.*

#### AWARD SELECTIONS WILL BE DETERMINED ON THE BASIS OF THE FOLLOWING CRITERIA:

1. Enrollment or proof of acceptance in a nursing program
2. Demonstrated financial need
3. Clearly stated career goals

**Please answer all questions completely and submit your application, essay, letters of recommendation and transcript to Luisa Coburn via:**

- **E-mail:** [coburnl@sjhmc.org](mailto:coburnl@sjhmc.org)
- **Fax:** 973-754-4635, Attn: Luisa Coburn
- or
- **Mail:**

St. Joseph's Health, Human Resource Department  
Attn: Luisa Coburn  
3 Garret Mountain Plaza  
3rd Floor, Suite 301  
Woodland Park, NJ 07424





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# SUPPORTING FUTURE NURSES

## SCHOLARSHIP OPPORTUNITIES

### REV. MSGR. MARK GIORDANI SCHOLARSHIP

DEADLINE: FRIDAY, AUGUST 20TH, 2021

*St. Joseph's Health Foundation is proud to offer two financial assistance programs inspired by the memory of Dr. Anthony Addeo and Rev. Msgr. Mark Giordani. These scholarships will provide support to individuals who are interested in a career in nursing.*

The **Rev. Msgr. Mark Giordani Memorial Scholarship** has been created in memory of a beloved priest of the Diocese of Paterson who also served as Rector of St. John's Cathedral from 1988-2018. He was also the Chaplain for the Paterson Police Department, the Passaic County Sheriff's Department and the Port Authority of NY & NJ, among many other positions throughout the community.

Msgr. Mark was often seen visiting his parishioners and community members at St. Joseph's University Medical Center and St. Joseph's Wayne Medical Center. This scholarship was created to support students from the communities that Msgr. Mark loved and served to help encourage their educational pursuits, especially as they relate to nursing.

***This scholarship has been made possible thanks to the generosity Mr. and Mrs. Robert and Karen Antonicello, in honor of the Antonicello and Garvey Families.***

#### AWARD SELECTIONS WILL BE DETERMINED ON THE BASIS OF THE FOLLOWING CRITERIA:

1. A resident of Wayne or Paterson
2. Enrollment or proof of acceptance in a nursing program
3. Demonstrated financial need
4. Clearly stated career goals

**Please answer all questions completely and submit your application, essay, letters of recommendation and transcript to Luisa Coburn via:**

- **E-mail:** [coburnl@sjhmc.org](mailto:coburnl@sjhmc.org)
- **Fax:** 973-754-4635, Attn: Luisa Coburn
- **Mail:**  
St. Joseph's Health, Human Resource Department  
Attn: Luisa Coburn  
3 Garret Mountain Plaza  
3rd Floor, Suite 301  
Woodland Park, NJ 07424

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**A. I WISH TO APPLY FOR:**

- ANTHONY J. ADDEO, M.D. SCHOLARSHIP
- REV. MSGR. MARK GIORDANI SCHOLARSHIP
- BOTH

**B. NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**C. If currently enrolled, select or list the nursing program(s):**

**RN:**  **BSN:**  **MSN:**  **DNP:**  **Other:** \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

Current Collegiate Cumulative Grade Point Average: \_\_\_\_\_ and year: \_\_\_\_\_

If no college credits, state High School Cumulative Grade Point Average: \_\_\_\_\_

**D. If not currently enrolled, please list the state colleges or programs to which you have applied and been accepted (*Note: you must attach a proof of acceptance*)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Which school do you wish to attend? \_\_\_\_\_

**E. List of distinctions, honors, or awards (scholastic or otherwise) you have received:**

\_\_\_\_\_

\_\_\_\_\_

**F. Have you previously applied for the Addeo Scholarship Award? Yes:**  **No:**

If yes, list the year(s) you have applied: \_\_\_\_\_

Have you previously received the Addeo Scholarship Award? Yes:  No:

If yes, please list the year(s) and amount(s): \_\_\_\_\_

**G: Financial Information:** (*Note: this information will be held in strict confidence*)

*Note: If you are claimed as a dependent on someone else's tax return (example: dependent child, married joint tax return) you must report the Gross Family Income and dependents from that return Section F-1A. Report your own individual income and any of your own specific dependents in Section F-1B. When reporting dependents, remember to include yourself in the number of dependents.*

- Reported Gross Family Income (as stated on your most recent Federal Tax Return): \$ \_\_\_\_\_  
Total No. & ages of Family Dependents including yourself: \_\_\_\_\_
- Your Individual Gross Income (as stated on your most recent Federal Tax Return): \$ \_\_\_\_\_  
Total No. & ages of Family Dependents (if any) including yourself: \_\_\_\_\_
- Are there any other family members attending college? Yes:  No:   
If so, please state how many: \_\_\_\_\_  
and the schools they attend: \_\_\_\_\_
- Itemize your projected academic expenses for your next school year:  
Tuition: \$ \_\_\_\_\_ Fees: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_  
Other expenses and description of each: \_\_\_\_\_  
\_\_\_\_\_  
Total academic expenses: \$ \_\_\_\_\_
- Have you applied for other tuition assistance or scholarship aid? If so, please state: Source(s): \_\_\_\_\_  
Annual amounts received or requested: \_\_\_\_\_
- Do you receive tuition reimbursement from your employer?  
If yes, please state the amount: \$ \_\_\_\_\_

**H:** If you are awarded a scholarship, please indicate how the money will be used:  
\_\_\_\_\_  
\_\_\_\_\_

**I.** All applications must be accompanied by an Official Transcript from the school you are currently attending.

**J.** The Anthony J. Addeo, M.D. Scholarship and Rev. Msgr. Mark Giordani Scholarship are intended to assist students in pursuing an education in the Nursing Profession.

**Please submit an essay on a separate sheet of paper, describing why you chose nursing as a profession, your educational objectives achievements, long term professional goals and why you are applying for this scholarship.**

Kindly have a letter(s) of recommendation sent on letterhead from a Scholastic, Educational, or Professional Organization.

I certify that all information in this application and its attachments are correct:

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date