



THE ALAN STORM REHABILITATION & PHYSICAL THERAPY 2019 SCHOLARSHIP

ABOUT THE SCHOLARSHIP: The Alan Storm Rehabilitation & Physical Therapy Scholarship Fund (“Fund”) was created in memory of Alan Storm by Marilyn Tarr, his relatives and many friends. The purpose of the Fund is to honor the memory of Alan and to show thanks to everyone in the CentraState Rehabilitation & Physical Therapy Services for all they had done for Alan. This scholarship provides educational and professional growth opportunities to the members of CentraState staff who support CentraState Rehabilitation & Physical Therapy Services.

ELIGIBILITY: This annual scholarship is awarded to a deserving member or member(s) of the CentraState staff that supports CentraState Rehabilitation & Physical Therapy Services who is furthering his or her education in Rehabilitation &/or Physical Therapy. Funds would be provided to worthy recipients for tuition, purchase of educational materials, or in other ways that will enhance the continuing education of the recipient and benefit CentraState Healthcare System.

AWARD: The Fund awards eight (8) \$1,000 scholarships to be used for educational or professional growth and two (2) \$2,000 scholarships to be used for participation in the Scoliosis, Lymphedema and Vestibular certification programs. The scholarships will be paid directly to the educational institution or the CentraState department that incurs the expense on behalf of the CentraState staff member.

HOW TO APPLY: Applications are available by contacting the Foundation Office at 732-294-7030, online at <http://centranet> or <https://www.centrastatefoundation.org/about/scholarships/>. The deadline for receipt of completed applications in the Foundation Office is **May 20, 2019**. Applications are reviewed by the Scholarship Committee, comprised of representatives from the CentraState Healthcare System. Candidates will be considered based on the criteria and the information provided.

Please submit application and attachments by **May 20, 2019 to:
CentraState Healthcare Foundation, Attn: Olive Taylor
225 Willow Brook Rd., Suite 5, Freehold, NJ 07728
Tel: 732-294-7030 Email: Foundation@centrastate.com**



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Application Form

Employee Name: _____ Employee ID # _____

Address: _____

Phone: Work _____ Cell _____

Email: _____

Position: _____ Dept: _____ CSHS Hire Date: _____

Funds will be used for: _____ Continuing Education

Please describe: _____

Requirements

- 1) Identify the program, degree/CEU/certificate expected; university or college; anticipated date of graduation.
- 2) On a separate sheet, state briefly why you would be a deserving recipient of this scholarship. Identify how you would use the funds, if awarded.
- 3) Attach a letter of recommendation from your manager.

Certification: I certify that all the statements and attachments in this application are true and complete to the best of my knowledge, and that I will comply with the terms of this Scholarship Fund if I receive this award.

Signature of Employee: _____ Date: _____