



## **N. BEN WEINER FAMILY SCHOLARSHIP PROGRAM**

The Howard Weiner family founded the N. Ben Weiner Scholarship program in honor of Howard's father who co-founded the Louis Weiner Memorial Hospital back in 1950. Howard felt it was important to have qualified staff that could provide the best health care possible in the community. The scholarship formation was a way to help support the Hospital staff with educational opportunities they may not have available otherwise. Because of the scholarship program, staff members in various health care positions have attained advanced certifications and degrees. The family's generous contributions support health care workers who are investing in educational pursuits. Although there have been many changes to the hospital over the years, it is the Weiner family we have to thank for initiating the first community hospital and maintaining their commitment to health care through the N. Ben Weiner Scholarship.

The intent of the N. Ben Weiner Family Scholarship Program is to offer financial assistance to Avera Marshall Regional Medical Center employees seeking to advance their professional level of certification or degree.

The program will award five or more scholarships annually, each with a maximum value of \$1,000. The value of the scholarship will in part depend on the cost of the advancement program. Each year \$5,000 is awarded.

### **ELIGIBILITY**

The scholarship program is open to any current employee of Avera Marshall Regional Medical Center who wishes to advance his/her current certification or degree. This includes casual employees.

The program the candidate is enrolling in must show a defined benefit to the individual for the advancement in his/her professional level.

The new professional level must show a direct benefit to his/her future employment at Avera Marshall Regional Medical Center.

If the program the candidate is attending is longer than one full academic year, the individual may reapply for a second scholarship. An individual will be limited to two consecutive scholarships for each specified advancement program.

## **SELECTION CRITERIA**

The candidate must fill out an application that will include, but not be limited to, the following:

1. Description of candidate's current position at Avera Marshall
2. Description of how the advanced education will help the candidate:
  - A. Personally
  - B. Professionally
3. Description of how the education will benefit Avera Marshall
4. Financial need of the candidate in relation to the cost of the program
5. Personal hobbies and interests
6. Community involvement
7. Likelihood of continued employment at Avera Marshall
8. References

In addition, if the applicant is applying for a second scholarship, he/she must provide a written transcript of the first year and have maintained at least a 3.0 grade point average.

## **APPLICATION**

The deadline for scholarship applications will be March 31 of each year.

## **PROCESS**

The scholarship committee will make selections by the end of May of each year.

When approved, the scholarships will be awarded to the school when enrollment into his/her program is confirmed.

Applications received after the deadline will not be eligible for scholarships that year, but can be held for the following year if desired.

**Please email your completed scholarship application to [Foundation@Avera.org](mailto:Foundation@Avera.org) or mail to Avera Foundation, P.O. Box 5045, Sioux Falls, SD 57117 by March 31. Questions may be directed to 605-322-4750.**



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### Application Form

(To be submitted to the Foundation by March 31)

NAME	DATE
ADDRESS	

CURRENT POSITION AT AVERA MARSHALL	
SUPERVISORS NAME	
LENGTH OF TIME IN CURRENT POSITION	HIRE DATE
LIKELIHOOD OF CONTINUED EMPLOYMENT AT AVERA MARSHALL	
HAVE YOU APPLIED FOR THIS SCHOLARSHIP BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, HAVE YOU BEEN AWARDED THIS SCHOLARSHIP BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES* <i>*Individuals are limited to two consecutive scholarships for each specified advancement program. If this is your second scholarship application, you must provide a written transcript of the first year and have maintained at least a 3.0 GPA.</i>	

NAME OF SCHOOL/COLLEGE	
ADDRESS	
NAME OF EDUCATIONAL DEGREE/PROGRAM	
DURATION OF PROGRAM	ESTIMATED COMPLETION DATE
COST OF PROGRAM	CURRENTLY ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL ASSISTANCE/SCHOLARSHIPS RECEIVED OR APPLIED FOR
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DESCRIBE HOW YOUR EDUCATION WILL BENEFIT AVERA MARSHALL, ITS PATIENTS, RESIDENTS AND EMPLOYEES
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DESCRIBE HOW THE ADVANCED EDUCATION WILL HELP YOU, THE CANDIDATE BOTH PERSONALLY AND PROFESSIONALLY

EXPLAIN YOUR FINANCIAL NEED IN RELATION TO THE COST OF THE PROGRAM

PERSONAL HOBBIES AND INTERESTS

COMMUNITY INVOLVEMENT

**REFERENCES**

NAME	PHONE
ADDRESS	EMAIL
NAME	PHONE
ADDRESS	EMAIL

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date