



DeSchepper Rehabilitation Education Scholarship Application Form

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell (if applicable): _____

Department(s): _____ Position(s): _____

Class or Workshop you wish to participate in:

Please attach a separate sheet describing the following:

(1) Objectives and rationale for wanting to further your education in rehabilitation health care.

(2) How have you demonstrated commitment to the mission and philosophy of the Avera Health and Avera McKennan physical medicine and rehabilitation programs.

Three letters of reference are needed in support of your application. Please list the three persons from whom you've requested reference letters.

1. _____
Name Address Phone Relationship to You

2. _____
Name Address Phone Relationship to You

3. _____
Name Address Phone Relationship to You

Please return your **completed packet** to Foundation@Avera.org by **March 31**.

Avera Foundation

P.O. Box 5045, Sioux Falls, SD 57117

Questions may be directed to 605-322-4750.