



LORI ANN SCHREMPF MEMORIAL NURSING SCHOLARSHIP

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

High School Name & City (where graduated from): _____

College Attending: _____

Current Year in College (as of today): _____

Eligible Candidates: BSN – 3rd or 4th year students; Associate's – 1st & 2nd

Permanent Address History:

Give a list of the city/county/state of your permanent addresses beginning with the earliest. This should not include temporary address changes for attending school but rather a list of your permanent residence. If you need more space, please attach a separate sheet.

Years From – To	City	County	State
_____ – _____	_____	_____	_____
_____ – _____	_____	_____	_____
_____ – _____	_____	_____	_____

Resume:

Attach a resume to your application.

Letter of Reference:

Attach a letter of reference from a faculty member.

Personal Statement:

In 500 words or less, discuss each of the following topics:

- Passion for Nursing
- Community Investment
- Demonstration of Avera Sacred Heart values of hospitality, compassion and stewardship

Signature

Date