

**Sister Colman Coakley
Health Care Education Scholarship
Application Form**

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Length of Employment with Avera McKennan: _____

Phone Number: _____ Cell (if applicable): _____

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

College or University Name: _____

Degree being sought: _____

Please attach a resume and a separate sheet describing the following:

- 1) Describe your career objectives. Include why you chose a career in healthcare and your rationale for wanting to further your education.
- 2) Describe how you demonstrate your commitment to the Avera mission.

Three letters of reference addressing your character and your commitment to healthcare ministry are required in support of your application. Please list the three persons from whom you have requested reference letters.

1. _____
Name Address Phone Relationship to You

2. _____
Name Address Phone Relationship to You

3. _____
Name Address Phone Relationship to You