



## Dr. Brian T. Hurley Education Endowment Application Form

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Department(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

Course, Workshop, Conference or Seminar you wish to participate in:

\_\_\_\_\_

Please attach a separate sheet describing the following:

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

(2) How have you demonstrated commitment to the mission and philosophy of the Avera Health and Avera McKennan Hospital.

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

1. \_\_\_\_\_  
Name Address Phone Relationship to You

2. \_\_\_\_\_  
Name Address Phone Relationship to You

Please return your **completed packet** to [Foundation@Avera.org](mailto:Foundation@Avera.org) by **March 31**.

Avera Foundation

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

Questions may be directed to 605-322-4750.