



Nursing Excellence Educational Endowment Application Form

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Length of Employment with Avera McKennan/Avera Heart Hospital of SD: _____

Department: _____ Position: _____

Please attach a resume and separate sheet describing the following:

1. What nursing conference do you plan to attend and why? How will you share information learned from the conference?
2. How you demonstrate your commitment to professional nursing excellence, including involvement with unit or hospital based committees or projects.

Two letters of reference are needed in support of your application. One letter should be from your hospital supervisor / manager. List the two persons from whom you have requested reference letters.

1. _____
Name Address Phone Relationship to you

2. _____
Name Address Phone Relationship to you

Questions may be directed to 605-322-4750.

Return **completed packet** to **Foundation@Avera.org** by March 31st.

Avera Foundation
PO Box 5045
Sioux Falls, SD 57117-5045