

About the Nurse Excellence Educational Scholarship

The Nursing Excellence Educational Endowment was established for the benefit of nursing staff at Avera McKennan Hospital & University Health Center and Avera Heart Hospital of SD.

The endowment was initially funded by Barbara J. Bishop, RN and Donald T. Bishop, MD in appreciation of the nurses who continually strive for excellence in teaching other nurses as well as providing care for patients. The Bishops desire to promote continued education for nurses to assist them in developing their skills, opening pathways for growth and nurturing the future leadership of health care at Avera McKennan.

Eligibility Requirements

- Nurse at Avera McKennan Hospital & University Health Center or Avera Heart Hospital of SD who demonstrates a commitment and loyalty to the mission and philosophy of Avera Health.
- Scholarship is to be used for to fund educational opportunities for a nurse who has demonstrated excellence in the nursing field.

Deadline

- All application materials must be submitted by **March 31** to be considered
- One \$500 scholarship will be awarded annually
- All applicants will be notified by July 1

Disbursement

- Fall Semester – \$500

Nursing Excellence Educational Scholarship Application Form

Application materials required:

- Resume:** Please include a current resume or other summary of your demonstrated leadership and community involvement.
- 500-word essay** describing:
 - 1) What nursing conference you plan to attend and why? How will you share information learned from the conference?
 - 2) How you demonstrate your commitment to nursing excellence, including involvement with unit or hospital-based committees or projects.
- Two letters of recommendation** from:
 - 1) Your supervisor or manager
 - 2) A co-worker, co-volunteer, or other professional colleague. (Letters of recommendation should be confidential, please ask references to email directly to foundation@avera.org with your name and the scholarship in the subject line)
- Completed application form below:**

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Personal Email Address: _____

Avera Email Address: _____

Department: _____ Position: _____

Length of employment with Avera McKennan/Avera Heart Hospital: _____

Class or Workshop you wish to participate in:

It is strongly encouraged to send your completed application form, resume, and essay by email to: foundation@avera.org. Due to security settings, we are unable to open any documents shared in Google Drive, please attach documents to email in PDF or Word format.

***Please use this subject line: Nursing Excellence Scholarship – your name**

You may also mail your completed application packet to:

Avera Foundation – Nursing Excellence Scholarship
PO Box 5045
Sioux Falls, SD 57117