

# **Nurse Joyce Scholarship Application**

The Nurse Joyce Scholarship Award is made possible through the generosity of the Cardiology Associates at Bellin Health physicians in memory of Nurse Joyce Palladino, a long-time employee who exemplified providing exceptional, compassionate patient care.

Grants are awarded to provide assistance to an individual looking for educational opportunities, including pursuing a higher education degree or certification. The applicant must exhibit exceptional, compassionate care to patients and their families. The maximum grant award to an individual is \$5,000.

## **Eligibility**

- Any Bellin Health Employee that provides patient care
- An individual (not a team of individuals)
- Positive work record (Cannot be in the disciplinary process)
- Previous recipients of award are not eligible

## **Personal Information**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State ZIP

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Employment Information**

Length of employment with Bellin Health: \_\_\_\_\_

Current position: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

\_\_\_\_\_  
Supervisor signature (to verify positive work record) Date

## **Description of Eligible Program**

Please provide a description of the educational opportunity you are pursuing:

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Do you anticipate receiving other financial assistance? Yes/No: \_\_\_\_\_

## **Narrative Requirement**

Please type on a separate document (max 500 words) and provide as an attachment with application the supporting evidence with specific examples (letters from patients, peer recognition, certificates of achievements, etc.) that validate why you deserve this award.

Provide specific examples describing how you demonstrate each of the following:

- Outstanding results in direct patient care
- Performs over and above what's expected to meet patient needs
- Participation in process or procedure improvement projects
- How would you benefit from pursuing education

**Submit the completed scholarship application by October 16, 2020 by emailing it to [bellinfoundation@bellin.org](mailto:bellinfoundation@bellin.org) or send via inter-departmental mail to:**

The Bellin Health Foundation

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Applicant Signature

Date