

The Sister Mary Jean Ryan, Lincoln University Nursing Scholarship

Nomination Form

Name of Student_____

Nursing Program_____

Please describe how the student exemplifies each of the SSM Health St. Mary's values listed below, and why this student should receive the Sister Mary Jean Ryan, Lincoln University Nursing Scholarship. Please include specific examples.

Values

Inspired by our founding religious sisters, SSM Health St. Mary's Hospital values the sacredness and dignity of each person. Therefore, we find these five values consistent with our heritage and ministry:

Compassion: Reaches out with openness, kindness and concern.

Respect: Honors the wonder of the human spirit.

Excellence: Expects the best of ourselves and one another.

Stewardship: Demonstrates commitment to the Nursing Profession.

ommendation		
icoin University De	partment of Nursing Science Faculty Member	
ite:		

This form must be attached to the scholarship application and received by St. Mary's Foundation no later than 4:30 p.m. on March 3, 2025.

Completed application should be sent to:

Beverly Stafford or Tori Baker SSM Health St. Mary's Hospital Foundation 2505 Mission Drive Jefferson City, MO 65109 tori.baker@ssmhealth.com 573-681-3742