

Joan Heimler Legacy of Life Scholarship Application

Background

Hundreds of thousands of lives are saved and improved every year through the transplantation of donated organs and tissues. The Joan Heimler Legacy of Life Scholarship, funded by Versiti Wisconsin, is made annually to a registered nurse working in Critical Care or the Emergency Department who actively supports organ and tissue donation and demonstrates compassionate care for all patients and families. Joan Heimler exemplifies a passion for caring for families during one of their most difficult times, offering them a way to have their loved ones live on by helping others. It is because of a family request that she established the Wisconsin Tissue Bank so their loved one's tissues could help others in need.

Award

The award winner will receive a \$2,000 scholarship to attend the annual American Association of Critical Care (AACN) National Teaching Institute & Critical Care Exposition or the Emergency Nurses Association Annual Meeting. The scholarship can be used for conference registration fee, travel and accommodation expenses. Award money must be applied toward the current year NTI & Critical Care Exposition or ENA Annual Meeting

Scholarship Eligibility

Applicants must be a Registered Nurse working full-time or part-time in critical care or an emergency department in Wisconsin. An individual can only be awarded the scholarship once. Employees of Versiti Wisconsin are not eligible to apply.

The scholarship is awarded in recognition of a Critical Care or Emergency Department RN who has played an influential role in supporting the donation process and caring for patients and families during their hospital or ED stay. Nurturing and support of the family and patient during tissue and organ donation and at end-of life is an area where a nurse can make a significant contribution.

Examples of this role can be seen in but are not limited to:

- Patient care activities
- Education of fellow hospital staff, patients and families about organ and tissue donation
- Advocate for organ and tissue donation processes in a hospital or community setting including continuous learning to improve the donation process.
- Demonstration of the values and ethics of both AACN and ENA such as integrity, compassion and respect for human dignity, collaboration, excellence in patient care, patient and family advocacy during the organ/tissue donation process.
- Demonstration of passion and nurturing of families of patients while making a donation decision.

Application Materials

The following must be submitted:

- Scholarship Application Form
- Copy of C.V. or resume
- Essay of 1,000 words or less
- Supervisor/Manager Letter of Support and Questionnaire. (Mailed in separately. See pages 4-5 for information)

Mail Application Materials to:

Versiti Wisconsin
Clinical Education
P.O. Box 2178
Milwaukee, WI 53201-2178

OR

Email Application Materials (as Word or .PDF attachments) to:

belearning@bcw.edu

Application Deadline

- Postmarked or emailed by **March 1, 2019**
Scholarship winner will be notified by **March 22, 2019.**

Essay Topic

The essay should describe your experience in a critical care or emergency department setting working with families, patients and/or fellow hospital staff during the organ and/or tissue donation process. Discuss your role as a caregiver while meeting the needs of the patient/family. Your thoughts on the role nurses play in this process and what this means to you and your career should be included.

Essay Instructions

1. The submitted essay must not in any way identify the applicant, patient, family or hospital staff member(s).
2. Essay format:
 - a. Separate title page that includes applicant name and address and title of essay
 - a. Place title of essay on the top of the first page
 - b. Use 12-font type
 - c. Double space all lines
 - d. Max: 1000 words or 2 pages
3. Retain a copy for your files.
4. Essays not meeting these requirements will be disqualified.

Joan Heimler RN Scholarship Application Form

Due March 1, 2019

Name _____

Certifications (if applicable) _____ Degree (if applicable) _____

Nursing Unit (Type of ICU or ED) _____

Address _____

Home/Cell Telephone _____ Work Telephone _____

Email address _____

Number of years of experience in Critical Care or Emergency Department Nursing _____

See next page for Manager/Supervisor Letter of Support and Questionnaire instructions.

JOAN HEIMLER LEGACY OF LIFE SCHOLARSHIP APPLICATION
Nurse Manager/Supervisor Letter of Support

Applicant: Do not complete this section of the application. *Please give only this section to your Nurse Manager/Supervisor to complete and return.*

Manager/Supervisor

Directions for Completion:

Please complete this section of the application for the scholarship applicant.

Mail or email to the address at the end of the form.

Please complete all parts of this form as honestly as possible – your feedback is a critical component of this process. You may attach additional pages as necessary.

Prompt completion and return of this form is very important for the evaluation process.

If you have questions regarding this form, please contact the Clinical Education staff at Versiti Wisconsin (414-937-6412).

Do **NOT** include the name of the applicant within the questionnaire.

Description of the Award: The Joan Heimler Legacy of Life Scholarship is made annually to a registered nurse working in a critical care unit or Emergency Department who actively participates in promoting organ and tissue donation. Applicants must be a Registered Nurse working either full-time or part-time in critical care or emergency in a hospital located in Wisconsin.

The award winner will receive a \$2,000 scholarship to attend the annual American Association of Critical Care Nurses (AACN) National Teaching Institute & Critical Care Exposition or the Emergency Nurses Association (ENA) Annual Meeting. The scholarship can be used toward conference registration fee, travel and accommodation expenses. Award money must be applied toward the current year NTI & Critical Care Exposition or ENA Annual Meeting.

Applicant Information

Applicant Name: _____

Manager/Supervisor Name: _____

Manager/Supervisor Title: _____

(Must be postmarked no later than March 1, 2019)

APPLICATION QUESTIONNAIRE FOR MANAGER/SUPERVISOR

Do **NOT** include the name of the applicant within the questionnaire (Please attach an additional page if necessary)

1. Why is this applicant uniquely qualified to receive this recognition?

2. List any special achievements this applicant accomplished during the last year.

3. What is your overall evaluation and recommendation regarding this applicant?

4. Please use this space for any further remarks regarding this applicant.

Manager / Supervisor Signature: _____

Manager / Supervisor Name (please print): _____

Date: _____ **Manager/Supervisor Phone Number:** _____

Please return this completed form to:

Versiti Wisconsin
Clinical Education Department
P.O. Box 2178
Milwaukee WI 53201-2178

OR

Email (attach as .PDF or Word document) to: belearning@bcw.edu