

## **IHCA Foundation 2013 scholarship program**

The IHCA Foundation is an affiliate of the Iowa Health Care Association (IHCA) and Iowa Center for Assisted Living (ICAL) trade associations that represent 630+ Iowa long term care facilities. The Foundation annually awards up to 25 scholarships in the amount of \$1,000 each to employees of our member facilities who are seeking to continue their education in nursing, physical/occupational therapy or health care administration with the intent of working in the long term care field.

The scholarships are made possible by contributions from the John R. and Zelda Z. Grubb Charitable Foundation, the Tom Juckette Memorial Fund, Craig Ver Huel Memorial Fund, Iowa Nurses of Long Term Care, IHCA and ICAL Districts, and IHCA and ICAL facility, corporate and associate members.

### **Scholarship criteria and information**

Applicants must meet all of the criteria listed below in order to qualify.

- At the time of application and at the time scholarships are awarded, the applicant must work for an IHCA or ICAL member nursing facility, assisted living program, residential care facility or home health agency.
- Applicants must be enrolled or accepted in an accredited school of nursing, LTC administration program or PT/OT degree or PT/OT assistant program.
- Scholarships are for the 2013–2014 academic year; therefore, applicants must be taking classes during the fall 2013 and/or spring 2014 semesters.

### **Eligible submissions must include:**

1. A completed and signed application;
2. A completed personal essay;
3. A copy of an acceptance letter from a nursing school/administrator/PT/OT program (new students only) or a copy of the most recent grades transcript (enrolled students only – transcript may be printed from college's official website); and
4. Two completed recommendation forms in sealed and signed envelopes.

### **Applications must be postmarked by May 31, 2013.**

- Applications and supporting materials should be mailed by May 31, 2013 to the IHCA Foundation, 1775 90<sup>th</sup> Street, West Des Moines, IA 50266-1563.
- The IHCA Foundation Board of Directors will judge qualified applications.
- Awarded scholarships are placed in the care of the winner's approved educational institution to be credited to the winner's tuition and/or fees in the 2013-2014 academic year.
- Winners will be notified of the results by July 12, 2013.

If you have questions please contact Claire Seely at 515.978.2204 or [claire@iowahealthcare.org](mailto:claire@iowahealthcare.org).



1775 90th Street, West Des Moines, IA 50266-1563

phone 515.978.2204 ■ toll-free 800.422.3106 ■ fax 515.978.2209

www.iowahealthcare.org ■ ihca@iowahealthcare.org

### 2013 Scholarship Program Application

To be eligible for an IHCA Foundation scholarship, your application packet—including a completed, signed application, acceptance letter (new students) or transcript (enrolled students), personal essay, and two separately sealed recommendations—must be submitted to the IHCA Foundation and postmarked by May 31, 2013.

#### Part 1: Application *Please type or print clearly*

Applicant name \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Student ID # or Social Security # \_\_\_\_\_  
(A number that can be used to help ensure scholarship is properly credited to you by your college.)

Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

#### Educational institution information

Type of program in which you are enrolled and degree being sought (circle all that apply)

Program type: *Nurse*    *LTC Admin*    *Physical Therapy*    *Occupational Therapy*

Degree type: *AA/AS/ADN*    *BA/BS/BSN*    *MS/MA*    *MHA/MSN*    Other \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Educational institution's name \_\_\_\_\_

Institution's financial aid office address \_\_\_\_\_  
(Location where scholarship check should be sent.)

City/State/ZIP \_\_\_\_\_

#### Facility employment information

Facility name \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Administrator \_\_\_\_\_

Applicant's job title \_\_\_\_\_ Date of hire \_\_\_\_\_

Total years working in long term care \_\_\_\_\_

#### Terms of agreement

I certify that I meet all of the requirements for a student in good standing at an approved educational institution. I certify that all of the information contained herein is true and correct.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

## Part 2: Personal essay

On a separate sheet(s) of paper, please compose an essay of up to 500 words, typed, double spaced, and no longer than two pages. The essay must be your own work and include discussion on the following:

- Your work history in long term care.
- Your personal qualities that enable you to fulfill the responsibility of providing quality care to facility residents/tenants. (Giving specific examples of ways you provide the best in quality care.)
- The rewards you gain from working in long term care.
- Your career plans once your educational goal is achieved.

## Part 3: Acceptance letter or transcript

Applicants currently enrolled in a college must submit a copy of their most recent grades transcript. (A transcript printed from the college's official website is acceptable. Official verification will be made if determined necessary by the Foundation.) Applicants who are newly enrolled students (without an established transcript) must submit a copy of the acceptance letter from their nursing school, healthcare administration, PT/OT degree or PT/OT assistant program. **Students who have not yet been accepted into their respective program, are not yet eligible for this scholarship.**

## Part 4: Recommendation forms

One recommendation form must be completed by the administrator/director of the facility where you are employed. The second recommendation form must be completed by your immediate supervisor. If your supervisor is the administrator/director, the second recommendation can be completed by another department head at the facility. If you are the administrator, recommendations can be completed by your facility owner and/or district/regional supervisor, and/or a member of the facility board of directors.

Each recommendation form should be placed in a sealed envelope with their signature across the seal, and returned to the applicant to be included in the application packet. Only recommendations received in this manner will be accepted.

## Application Checklist

- Completed and signed application
- Personal essay
- Acceptance letter or transcript
- Recommendation forms (2) in sealed-with-signature envelopes

Applications must be postmarked by May 31, 2013. Mail applications and supporting materials in one packet to: IHCA Foundation, 1775 90<sup>th</sup> Street, West Des Moines, IA 50266-1563.

If you have questions, contact Claire Seely at 515.978.2204 or [claire@iowahealthcare.org](mailto:claire@iowahealthcare.org).



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**RECOMMENDATION FORM 1**  
TO BE COMPLETED BY — FACILITY ADMINISTRATOR or DIRECTOR

The applicant named below is applying for an IHCA Foundation scholarship of \$1,000 for qualified students pursuing a career in long term care nursing, health care administration, physical therapy or occupational therapy. **You are asked to complete this form, place it in a sealed envelope with your signature across the seal, and return it to the applicant for inclusion in his/her application packet. Recommendations mailed separately from applications will not be accepted.**

*Please type or print clearly*

Applicant's name \_\_\_\_\_

**Part A:** General information

Your name \_\_\_\_\_ Title \_\_\_\_\_

Employer/facility \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Part B:** Please rate the applicant in the following areas:

	Low	Average	High	No Opinion
Commitment shown in current facility role				
Long term care career interest				
Maturity				
Sensitivity				
Leadership				
Communication (oral and written)				

**Part C:** In the space below, on the back of this page or on an attached sheet of paper, describe why you believe this applicant would be a worthy recipient of an IHCA Foundation scholarship. Please use specific examples and limit your response to 200 words.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please place recommendation in a sealed envelope with your signature across the seal and return it to the applicant for inclusion with the application materials. Applications must be postmarked by May 31, 2013.**



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**RECOMMENDATION FORM 2**  
TO BE COMPLETED BY — IMMEDIATE SUPERVISOR AT FACILITY

The applicant named below is applying for an IHCA Foundation scholarship of \$1,000 for qualified students pursuing a career in long term care nursing, health care administration, physical therapy or occupational therapy. **You are asked to complete this form, place it in a sealed envelope with your signature across the seal, and return it to the applicant for inclusion in his/her application packet. Recommendations mailed separately from applications will not be accepted.**

*Please type or print clearly*

Applicant's name \_\_\_\_\_

**Part A:** General information

Your name \_\_\_\_\_ Title \_\_\_\_\_

Employer/facility \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Part B:** Please rate the applicant in the following areas:

	Low	Average	High	No Opinion
Commitment shown in current facility role				
Long term care career interest				
Maturity				
Sensitivity				
Leadership				
Communication (oral and written)				

**Part C:** In the space below, on the back of this page or on an attached sheet of paper, describe why you believe this applicant would be a worthy recipient of an IHCA Foundation scholarship. Please use specific examples and limit your response to 200 words.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please place recommendation in a sealed envelope with your signature across the seal and return it to the applicant for inclusion with the application materials. Applications must be postmarked by May 31, 2013.**