LeadingAge Washington’s 2017 Scholarship Program

Purpose: There is a growing demand for aging services and a shrinking workforce. The ability to provide quality services to seniors, in a compassionate and supportive environment, is highly dependent on a competent and dedicated workforce. LeadingAge Washington, therefore, provides scholarships for the purpose of attracting and retaining talent in the field of aging services.

Funding: Funding for the scholarship program comes from the generous support of our Community and Business members, including our Silent Auction held during our Annual Conference. These contributors value the promotion and professional development of people who care for or have the desire to care for our seniors.

Eligibility:

LeadingAge Washington $1,000.00 Scholarship (minimum): Any LeadingAge Washington member employee interested in providing care to seniors is eligible to apply. Potential applicants include those who are interested in RN/LPN programs, Dietary Programs, Maintenance Programs such as BOMI, Recreational Certificate and Degree Programs, Social Services such as BSW or MSW, etc. You must be attending an accredited school or program. A letter of acceptance into the school or program is required in order for the funds to be dispersed.

Richard J. Howard Nursing Scholarship $500.00: This scholarship was established by the Ryan, Swanson & Cleveland law firm in memory of Richard J. Howard who represented long term care providers and was committed to assisting providers in their goal of excellence. The purpose of this scholarship is to help improve the knowledge, skills, and abilities of LeadingAge Washington member caregivers (NAC, LPN, & RN). See attached for eligibility requirements.

Must be employed at the member community when committee determines award and funds are disbursed. We encourage employment for a minimum of 6 months after receiving scholarship awards.

Application Process: Each applicant must submit a completed application by the deadline indicated on the application form. Incomplete applications will not be considered. Recommendation forms can be sent directly from the referring person or can be submitted with the application in a sealed envelope. References unsealed will not be accepted. You can check on the status of completion of your application by calling the LeadingAge Washington office.

Scholarship Awards: The scholarship recipients are determined by a committee of LeadingAge Washington providers, Community College or University Professors, and community members after review of all completed applications. Winners of the scholarships will receive their award at the Fall Leadership Conference. Disbursement of scholarship funds will be made directly to the select school/program identified by letter of acceptance. Unused balances or unclaimed scholarships will revert back to the scholarship fund.

It is with great pleasure that LeadingAge Washington offers these awards to further the professional development of persons who have a passion and demonstrated commitment to serving seniors in member communities.

Applications available at www.LeadingAgeWA.org/Recognition/Scholarships
LeadingAge Washington
2017 Educational Scholarship Application
“Nursing & other LTC support staff”

I. PERSONAL INFORMATION

Name ________________________________________________________________

Current Job Title ____________________________________________________

Address ______________________________________________________________

Phone ___________________________ Email __________________________________

Administrator’s Name: ________________________________________________

Name of DNS or nurse supervisor: ______________________________________

II. REFERENCES

List two people (other than relatives) who will be submitting the Recommendation Form (Please Print)

Name: _______________________________ Email  ______________________________

Name: _______________________________ Email  ______________________________

III. PROGRAM OF STUDY

I have been accepted into the following program of study (check one):

___ Doctoral degree ___ Associate degree ___ Master’s degree

___LPN ___ Baccalaureate degree ___ Diploma

___Other (specify)

Anticipated graduation date __________ Name of Program Director __________

Name of School _______________________________________________________

School address ________________________________________________________

Professional licensures held (specify; i.e. RN#, state) _________________________

Student ID# ________________________________
IV. EMPLOYMENT HISTORY

List employer, address, job titles and dates of employment for the last five years (most recent first):

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V. EDUCATIONAL BACKGROUND

List schools attended from high school forward, address of school and approx. grade point average

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VI. ASPIRATION STATEMENT

In the space provided below or on a separate attachment, please provide a statement describing your reasons for wanting to enter the long term care field or to continue your long term care education, telling something of your own aspirations for service in this profession. Please include your Community and Volunteer activities. Please limit response to no more than 100 words.

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VII. CAREER GOALS

In the space provided below or on a separate attachment, please describe how this scholarship will assist you in reaching your educational and career goals. **Please limit response to no more than 100 words.**

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Please submit completed application form along with appropriate supporting documentation to:

Please mail to: LeadingAge Washington
1495 Wilmington Drive, Ste 340
DuPont, WA  98327

Recommenders’ Form can be sent directly to the address above.

**Please note:** It is your responsibility to ensure that all materials are completed and submitted on time, even if another individual submits them on your behalf. Incomplete or late applications will not be considered. To check the status of your completed applications please call Cassi at (253) 964- 8870.

I certify that the above information is correct.

Signature:___________________________________________________ Date:_____________________

**APPLICATION DEADLINE IS August 21, 2017**

For additional information, contact
Lauran Hofmann, Director of Clinical and Nursing Facility Regulatory Services
| LHofmann@LeadingAgeWA.org | www.LeadingAgeWA.org |

LeadingAge™
Washington
RECOMMENDATION FORM FOR ______________________________________________________

Applicant’s Name

This application must be postmarked no later than August 21, 2017. Please note that a late or incomplete Recommendation Form will disqualify the applicant.

Please print
Recommender’s Name ______________________________________________________________________________________

Title ___________________________________  Email ____________________________________________

____________________________________________________________________________________________

Recommender’s Signature ___________________________  Date __________________  Phone Number

Relationship to Applicant ________________________________________________________________________________

How long and in what specific capacity have you known the applicant? __________________________________________

LeadingAge Washington’s Educational Long Term Care Scholarship Program is committed to promoting professional development and lifelong learning opportunities for the staff working in LeadingAge Washington facilities. Having well educated and professionally developed staff is one approach to providing the best quality of care and quality of life for residents. The staff experience improved job/personal satisfaction. LeadingAge Washington is pleased to offer scholarships for students accepted into accredited and other evidence based programs. The scholarships will be awarded to students who exhibit one or more of the following attributes:

- Academic Achievement
- Healthcare Involvement
- Enthusiasm or passion for long term care services

Applicants to the LeadingAge Washington Scholarship are required to submit two (2) confidential references. Please complete this form, keeping in mind this applicant’s qualification for the scholarship with regard to one or more of the qualities mentioned above.

INSTRUCTIONS:  For each indicator, circle the number on the scale that best describes your experience with this applicant and make additional comments, if desired, in the space provided in each section. If you indicate that you are unable to assess the applicant on any trait, please note the reason. Feel free to attach additional pages as needed for further comments.

We appreciate your taking the time to complete this Recommendation Form on behalf of the applicant. Please contact Laura Hofmann by email at LHofmann@LeadingAgeWA.org, with any questions.
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Additional Comments: (attach additional pages as needed):
You Could Be Awarded a Nursing Scholarship
to Help Toward Your Nursing Degree!

RICHARD J. HOWARD
$500.00 SCHOLARSHIP
for nursing, offered in conjunction with
LeadingAge Washington and
Ryan, Swanson & Cleveland PLLC

This scholarship was established in memory of Richard J. Howard, who represented long-term care providers for a number of years and was committed to assisting providers in their goal of excellence in the provision of care. The purpose of this scholarship program is to help improve the knowledge, skills, and abilities of Caregivers, Nursing Assistants-Certified, Licensed Practical Nurses, and Registered Nurses who wish to advance their degree. This program also represents the commitment of the LeadingAge Washington’s member organizations’ interest in quality resident care and a commitment to the employees who are in pursuit of nursing excellence and a career in the long-term health care profession.

TO BE CONSIDERED YOU MUST FULFILL THE FOLLOWING REQUIREMENTS:

1. Have worked in a LeadingAge Washington member organization for at least one year.
2. Be a Caregiver, Nursing Assistant-Certified, Licensed Practical Nurse, or Registered Nurse.
3. Be eligible for or accepted into a program of study leading to LPN or RN degree, or advanced RN degree.
4. Pledge to work in a LeadingAge Washington facility for at least one year after receiving Licensure.
5. Submit a statement of your philosophy and goals.

AVAILABLE FOR
ONE OF THE FOLLOWING CATEGORIES:

- Caregiver or NAC going to school to become a nurse
- LPN going to school to become an RN
- RN going to school for an Advanced RN Degree

Scholarships will be reviewed by a scholarship committee and awarded to the individual who best meets the commitment to long-term care as established by the Foundation. The scholarship will be awarded at LeadingAge Washington’s 2017 Fall Leadership Conference.

APPLICATIONS ARE DUE BY AUGUST 21st
Available at www.LeadingAgeWA.org/Recognition/Scholarships
Must be postmarked by August 21, 2017

Richard J. Howard Scholarship for Nursing
Offered by
Ryan, Swanson & Cleveland PLLC

2017 Educational Scholarship Application

I. PERSONAL INFORMATION

Name ________________________________________________________________

Current Job Title ______________________________________________________

Address ______________________________________________________________

Phone ___________________________ Email __________________________________

Administrator’s Name: _________________________________________________

Name of DNS or nurse supervisor: ________________________________________

II. REFERENCES

List two people (other than relatives) who will be submitting the Recommendation Form (Please Print)

Name: ___________________________ Email ________________________________

Name: ___________________________ Email ________________________________

III. PROGRAM OF STUDY

I have been accepted into the following program of study (check one):

___ Doctoral degree    ___ Associate degree    ___ Master’s degree

___ LPN                   ___ Baccalaureate degree       ___ Diploma

___ Other (specify)

Anticipated graduation date______________ Name of Program Director __________________________

Name of School ________________________________

School address __________________________________________________________

Professional licensures held (specify; i.e. RN#, state) ____________________________

Student ID# ____________________________________________________________
IV. EMPLOYMENT HISTORY

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V. EDUCATIONAL BACKGROUND

List schools attended from high school forward, address of school and approx. grade point average

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VI. ASPIRATION STATEMENT

In the space provided below or on a separate attachment, please provide a statement describing your reasons for wanting to enter nursing or to continue your nursing education, telling something of your own aspirations for service in this profession. Please include your Community and Volunteer activities. Please limit response to no more than 100 words.

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VII CAREER GOALS

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I certify that the above information is correct.

Signature:___________________________________________________ Date:_____________________

APPLICATION DEADLINE IS August 21, 2017
For additional information, contact
Laura Hofmann, Director of Clinical and Nursing Facility Regulatory Services
| LHofmann@LeadingAgeWA.org | www.LeadingAgeWA.org |
RECOMMENDATION FORM FOR ______________________________________________________

Applicant’s Name

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Please print
Recommender’s Name _________________________________________________________________

Title ___________________________________  Email ____________________________________________

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Recommender’s Signature ___________________________ Date ___________ Phone Number ________

Relationship to Applicant ______________________________________________________________

How long and in what specific capacity have you known the applicant? __________________________

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- Healthcare Involvement
- Enthusiasm or passion for long term care services

Applicants to the LeadingAge Washington Richard J. Howard Scholarship are required to submit two (2) confidential references. Please complete this form, keeping in mind this applicant’s qualification for the scholarship with regard to one or more of the qualities mentioned above.

INSTRUCTIONS: For each indicator, circle the number on the scale that best describes your experience with this applicant and make additional comments, if desired, in the space provided in each section. If you indicate that you are unable to assess the applicant on any trait, please note the reason. Feel free to attach additional pages as needed for further comments.

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