

Arizona Health Care Foundation

2011 Scholarship Candidate Application

Please read instructions carefully before completing application.

APPLICANT INSTRUCTIONS:

Complete answers must be given on all items to guarantee consideration of the application. **[NOTE: Incomplete applications will not be considered.]** A complete application includes: PART A) the Scholarship Candidate Application with verification that the nominee has either applied, been admitted, or is enrolled in a course of study; PART B) the Facility Nomination Form (to be completed by Administrator/AL Manager); PART C) a letter from the applicant's immediate supervisor. *[NOTE: Additional letters of recommendation may be submitted]*, and PART D) a professional photo of the applicant suitable for publishing. Use additional paper if needed. **All items must be received in one (1) envelope from the Administrator/AL Manager of an AHCA Member Facility in good standing. Mail to: Scholarship Committee, c/o Arizona Health Care Foundation, 1440 East Missouri Avenue, Suite C-102, Phoenix, AZ 85014. Applications must be received by 12:00 pm Thursday, May 26, 2011. There are no exceptions to this deadline. Fax copies will not be accepted.**

Type or print in black ink only. Please give complete answers to each question. Write "none" where applicable.

PART A - PERSONAL DATA

Candidate's Last Name	First Name	MI	Social Security #
Home Address			Date of Birth [Month / Day / Year]
City / ST / Zip			() Home Phone
Name of sponsoring AHCA Facility Member in Good Standing			() Telephone
City / ST / Zip			Candidate's Email

PART A – WORK EXPERIENCE/SCHOOLING

How long have you been employed in long-term care? [NOTE: To be considered, a minimum of one (1) year in long term care or assisted living is necessary at time of application review.]

Facility	Dates	Position
Facility	Dates	Position
Facility	Dates	Position

Check one (1):

I have applied for admission I have been accepted for admission I am currently enrolled at the following institution:

Name of school	() Telephone
Address	City / ST / Zip
Course of study	How many anticipated credits per semester will be taken

Scholastic history: Name and Location	Credit Hours Completed	Degree Received	Date Conferred
High School			
College / University			

PART A – Work Experience/Schooling (continued)

Other types of formal education (e.g. facility training / certification programs)?

Name and Location of School	Classroom	Degree, Hours	Date Diploma,
Certificate Conferred			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART A – FINANCIAL NEED

Please describe your current financial need, commenting on the impact an AHCF scholarship will have on you.

Estimate cost per credit hour [*Please include tuition and fees.*] \$ _____

Estimate number of credits: _____ Per: _____ quarter _____ semester _____ trimester _____ year

Total amount requested: \$ _____ (Average amount awarded in 2010 was \$1,250.00)

Please describe your interest in long term care, commenting on your involvement to date and how you have benefited personally and professionally from this involvement.

Please describe your career goals and how you plan to accomplish them.

PART A – AUTHORIZATION

If I am awarded a scholarship, I pledge to work in an AHCA member facility throughout the term of the scholarship and for at least one (1) year after completing my course of study. Place initials here: _____

If I am awarded a scholarship by the Foundation, I understand that consent is given to the educational institution to release academic, financial or any other necessary information as required by the Foundation. Place initials here: _____

If I am awarded a scholarship, I hereby give consent to the Arizona Health Care Association and the Foundation to utilize my name and photograph for the purposes of media releases. Place initials here: _____

I certify that all information contained herein is true and correct. _____

Check List:

- Fill out all items Include verification of application, admission or enrollment in an approved course of study
- Include letter from immediate supervisor Include photo Give to administrator to complete and submit

AHCF Scholarship Letter of Recommendation

(To be completed by applicant's Immediate Supervisor)

Immediate Supervisor:

Applicant must have completed answers to all items of PART A of this application to guarantee consideration for the scholarship. **Incomplete applications will not be considered for awards.** A complete application includes: PART A) the Scholarship Candidate Application with verification that the nominee has either applied, been admitted, or is enrolled in a course of study; PART B) the Facility Nomination Form (to be completed by Administrator/AL Manager); **PART C) a letter of recommendation from the applicant's immediate supervisor** [NOTE: Additional letters of recommendation may be submitted, if desired.]; and PART D) a professional photo of the applicant suitable for publishing.) Use additional paper if needed. An applicant must have been employed for at least one (1) year in long term care at the time of application review.

All items must be received in one (1) envelope from the Administrator/AL Manager of an AHCA Member Facility. Mail to: Scholarship Committee, c/o Arizona Health Care Foundation, 1440 E. Missouri Ave., Suite C-102, Phoenix, AZ 85014. Applications must be received by 12:00 pm, Thursday, May 26, 2011. There are no exceptions to this deadline. Fax copies are not acceptable.

Please type or print in black ink only.

To the Members of the AHCF Scholarship Committee:

I hereby submit this letter of recommendation for consideration of an AHCF Scholarship on behalf of:

Name of Applicant

Position of Applicant

Signature of Immediate Supervisor completing this form

Print Name

Date

Position

PART D

The applicant is also required to submit a professional photo suitable for publishing with the application. / Please sign below your permission to publish the photo provided.

Signature

Date