

Arizona Health Care Foundation 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) a **professional photo** of the applicant suitable for publishing.
- PART C) a letter from the applicant's immediate supervisor. [NOTE: Additional letters of recommendation may be submitted]. Use additional paper if needed.
- PART D) the Facility Nomination Form (**to be completed by SNF Administrator/AL Manager**).

All items must be received in one (1) envelope from the SNF Administrator/AL Manager of an AHCA Member Facility in good standing. Mail to: Scholarship Committee, c/o Arizona Health Care Foundation, 3003 North Central Avenue, Suite 860, Phoenix, AZ 85012. 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 / Cell Phone
Name of AHCA Facility Member in Good Standing			Facility 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

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 Hours	Degree, Diploma Certificate	Date Conferred
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART A – FINANCIAL NEED

Please describe your current financial need, how a scholarship will help, and the impact an AHCF scholarship will have on you. Please be specific.

Total amount requested: \$ _____ (Average amount awarded \$1,500.00)

If a scholarship is awarded, where should check be sent:

_____ Telephone _____

_____ City / ST / Zip _____

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 be specific.

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

PART B – APPLICANT PHOTO RELEASE

You are required to submit a professional photo suitable for publishing with the application.

Please sign below with your permission to publish the photo provided. If you prefer that your photo, not be published, leave the signature area blank and initial next to “Do Not Publish.” A photo must be provided for a complete application.

_____ Do Not Publish _____
Signature Date

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. Initial: _____

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

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. Initial: _____

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

Signature

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 SNF Administrator/AL Manager to complete and submit

APPLICATIONS MUST BE COMPLETE
Missing information will disqualify an application.

PART C: AHCF SCHOLARSHIP LETTER OF RECOMMENDATION

(To be completed by applicant’s Immediate Supervisor- Please type or print in black ink only.)

Immediate Supervisor:

Applicant must have completed answers to all items of PART A of this application to guarantee consideration for a scholarship.

Incomplete applications will not be considered for a scholarship award. 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) a photo of the applicant suitable for publishing.
- PART C) a letter of recommendation from the applicant’s immediate supervisor. [*NOTE: Additional letters of recommendation may be submitted, if desired.*] Use additional paper if needed.
- PART D) **the Facility Nomination Form (to be completed by SNF Administrator/AL Manager);** and
- 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 SNF Administrator/AL Manager of an AHCA Member Facility. Mail to: Scholarship Committee, c/o Arizona Health Care Foundation, 3003 N. Central Ave., Suite 860, Phoenix, AZ 85012.

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

Letter of Recommendation:

Signature of Immediate Supervisor completing this form

Print Name

Title

Date

APPLICATIONS MUST BE COMPLETE
Missing information will disqualify an application.

