NURSING HOME ADMINISTRATOR SCHOLARSHIP APPLICATION

To assist qualified persons who wish to become Nursing Home Administrators, the Nebraska Health Care Foundation, Inc. will award one $500 Scholarship at the 2017 Nebraska Nursing Facility Association/Nebraska Assisted Living Association Spring Convention in Kearney. The award ceremony will take place on Wednesday, April 26, 2017.

Persons eligible to apply for a scholarship must:
1. Be enrolled or eligible to enroll in a Nursing Home Administrator program for the 2017-2018 school year.
2. Be employed by a NNFA/NALA member facility.
3. Pledge that, upon successful completion of the course, they will work in the nursing facility setting for at least one year.

Please complete the following application form and give the enclosed recommendation forms to TWO references:

the administrator/board member/owner of the NNFA/NALA member facility where you are presently employed and a second reference such as a teacher, counselor, pastor, rabbi, supervisor, etc. Recommendation forms must be submitted to NHCF along with the completed application form by March 3, 2017.

PLEASE PRINT OR TYPE

Name: __________________________________________________________________________________

Permanent Address: _______________________________________________________________________

City: ______________________________ State: ________________ Zip: ____________________________

Phone: ____________________________________ Email (required): _______________________________

Facility where employed: __________________________________________________________________

Length of employment in a LTC facility: ______________________________________________________

Position at facility: _________________________________________________________________________

Have you been accepted into a Nursing Home Administrator program? ____ Yes ____ No

If yes, please provide confirmation of your enrollment. If no, when and where do you intend to receive your instruction? __________________________________________________________________________________

__________________________________________________________________________________________

(Form continued on next page)
Have you had any other special training or instruction related to long-term care? If so, please explain:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Have you ever worked as a volunteer in long-term care? If so, please explain: _____________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Please describe your interest in long-term care including how you became interested in the profession and related experiences. ______________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Please describe your future professional plans in the health care field and your commitment to the long-term care area. ______________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

If you are awarded a scholarship, do you pledge to practice your skills in a long-term care facility setting for at least one year after completing your course of instruction?  

_____ Yes  
_____ No

RETURN THIS APPLICATION AND THE RECOMMENDATION FORMS BY MARCH 3, 2017, TO:

Nebraska Health Care Foundation  
1200 Libra Drive Suite 100  
Lincoln, NE 68512

__________________________________________  
(Signature)

__________________________________________  
(Date)
The Nebraska Health Care Foundation, Inc. will award one (1) $500 scholarship to a person qualified to enroll in a nursing home administrator program. The recipient must pledge that, upon successful completion of the course, they will practice their skills in the long-term care setting for a minimum of one year. Scholarship winners will be announced at the Nebraska Nursing Facility Association/Nebraska Assisted Living Association Spring Convention Awards Ceremony on April 26, 2017, in Kearney.

Please place completed form in a sealed envelope and return it to the applicant.

**Applicant’s deadline is March 3, 2017.**

**ALL RECOMMENDATIONS WILL BE KEPT CONFIDENTIAL**

**PLEASE PRINT OR TYPE**

Name of applicant
Name of reference
Address/City/State/Zip of reference
Phone number of reference    Email of reference
Position of reference
How long have you known the applicant?
What is your relationship to the applicant (administrator, teacher, pastor, etc.)?
How would you rate the applicant on the following (check each category)?

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<th>LOW</th>
<th>AVERAGE</th>
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Please attach a brief statement, on a blank page or the back of this form, describing why you believe this applicant would be a worthy recipient of a Nebraska Health Care Foundation, Inc. Scholarship.

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(Signature)