RN/LPN SCHOLARSHIP APPLICATION FOR LONG-TERM CARE

To assist qualified persons who wish to become registered nurses or licensed practical nurses and practice in the long-term care profession, Health Care Information Systems, The Vetter Foundation, and the Nebraska Health Care Foundation, Inc., will award four (4) $1,000 RN scholarships and four (4) $750 LPN scholarships at the Nebraska Nursing Facility Association/Nebraska Assisted Living Association Spring Convention Awards Ceremony on Wednesday, April 26, 2017, in Kearney.

Persons eligible to apply for a scholarship must:
1. Be enrolled or eligible to enroll in an RN or LPN School of Nursing for the 2017-2018 school year.
2. Be presently employed in a NNFA/NALA member facility OR be an immediate family member of an employee. Immediate family is defined as; parent, sibling, spouse or child.
3. Pledge that, upon successful completion of the course, they will practice their nursing skills in a NNFA/NALA member facility for at least one year.

Complete the following application form and give the enclosed recommendation forms to TWO references:
For current member employees: the administrator of the NNFA/NALA member facility where you are presently employed and the director of nursing at the same facility.
For family members of employees: Your relative presently employed by a NNFA/NALA member facility 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. Incomplete applications will not be considered.

PLEASE PRINT OR TYPE

Please indicate the type of nursing school you plan to attend:  _____RN   _____LPN

Name: __________________________________________________________________________________

Permanent Address: ___________________________________________________________________

City: ____________________________ State: ______________ Zip: _____________________________

Phone: ____________________________ Email (required): ________________________________

Facility where you/relative employed: _______________________________________________________

Name of relative employed by facility (if applicable): __________________________________________

Length of employment in a LTC facility: _____________________________________________________

Position at facility: _______________________________________________________________________

Have you been accepted into an RN or LPN school of nursing?  _____ 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 nursing skills in a NNFA/NALA member facility for at least one year after completing your course of instruction?

_____ Yes   _____ No

RETURN THIS APPLICATION, THE RECOMMENDATION FORMS, AND PROOF OF ENROLLMENT/ACCEPTANCE INTO A PROGRAM BY MARCH 3, 2017, TO:

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

________________________________________ (Signature)

________________________________________ (Date)
SCHOLARSHIP FOR PERSONS INTERESTED IN RN OR LPN SCHOOL OF NURSING
WITH A COMMITMENT TO LONG-TERM CARE

The Nebraska Health Care Foundation, Inc. will award four (4) $1,000 scholarships to persons qualified to enroll in an RN school of nursing and four (4) $750 scholarships to persons qualified to enroll in an LPN school of nursing. Recipients must pledge that, upon successful completion of the course, they will practice their nursing skills in a NNFA/NALA member facility for a minimum of one year. Scholarship winners will be announced at the NNFA/NALA Spring Convention Awards Ceremony, 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, DON, etc.)

How would you rate the applicant on the following (check each category):

Maturity  LOW  AVERAGE  HIGH  NO OPINION
Sensitivity to Residents’ Needs
Commitment to Long-Term Care
Academic Abilities
Ability to Communicate
Leadership Skills
Positive Customer Service Attitude

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.

(Signature)
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**Please place completed form in a sealed envelope and return it to the applicant.**

**Applicant's deadline is March 3, 2017**

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**PLEASE PRINT OR TYPE**

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Phone number of reference: ______________________ Email of reference: ______________________

Position of reference: ____________________________

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