



## **Margaret Murphy Carley Scholarship**

### **For Nursing Education**

#### **Criteria Information**

##### **Candidates Must:**

- ◆ Be a certified nursing assistant currently working in the field of long term care and seeking an LPN, RN, or advanced nursing degree.
- ◆ Have demonstrated a commitment to quality in their work and a desire to advance their career in the long term care profession.

##### **Please Note:**

- ◆ Proof of acceptance into an accredited program should be submitted with scholarship application. Proof of enrollment will be required for the release of scholarship funds.
- ◆ Recipients who fail to complete a program upon initiation shall be responsible for repaying the Oregon Health Care Foundation for any lost funds.
- ◆ Candidates not currently enrolled in or accepted into an accredited program may be awarded, but scholarship funds will not be released until proof of enrollment is submitted to OHCF.
- ◆ Scholarship funds may be used for payment of tuition and fees.
- ◆ Up to a total of \$1,000 may be awarded annually to one recipient, depending on program costs.
- ◆ Scholarship recipients must agree to continue work in the field of long term care for at least three years after the completion of the academic program for which the scholarship is awarded, and to provide OHCF documentation of this fact.
- ◆ Scholarship funds may be awarded for a multi-year period contingent upon the candidate's yearly submission of proof of enrollment and competency (transcript) in a relevant degree program, and reapplication.
- ◆ Applicants must supply all information requested in this application. Incomplete applications **WILL NOT** be considered.

**Please submit completed application by due date to:**

**Oregon Health Care Foundation**  
11740 SW 68th Parkway, Suite 250, Portland, Oregon 97223  
Tel: 503.726.5260 Fax: 503.726.5259  
[www.ohcfonline.org](http://www.ohcfonline.org)

**Summer 2010 applications are due by May 14th.**



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**For Nursing Education Application**

*Please fill in the requested information on these sheets by writing clearly, or you may reproduce the forms on a computer using the same format.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Way to Contact You: \_\_\_\_\_

Are you currently working in long term care?  Yes  No

If yes, how long have you worked in long term care? \_\_\_\_\_ Years \_\_\_\_\_ Months

What is your long term care professional goal or the position you are seeking? \_\_\_\_\_

Have you previously received an OHCF Scholarship?  Yes: Date received: \_\_\_\_\_  No

Please indicate how you will use your scholarship funds, if awarded (ex. Tuition, fees, supplies, and/or books):

Please indicate what other funding you are receiving for your education: \_\_\_\_\_

**Current Education**

Please check one statement below that best describes your current academic situation and include the requested info:

I am currently enrolled in an accredited academic program:

Institution name/program title & location: \_\_\_\_\_

(Submit proof of enrollment with application)

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Cost of program: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Degree Anticipated: \_\_\_\_\_

Current GPA: \_\_\_\_\_

I have applied and been accepted into a program, but my enrollment is dependent on funding:

Institution name/program title & location: \_\_\_\_\_

(Submit proof of acceptance with application. Proof of enrollment will be required.)

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Cost of program: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Degree Anticipated: \_\_\_\_\_

I have applied to a program and if I am accepted, and awarded this scholarship, I intend to enroll.

Institution name/program title & location: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Cost of program: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Degree Anticipated: \_\_\_\_\_

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**Will the academic credits you are currently earning, or plan to earn, transfer to a community college, four year college, and/or a post graduate program?**

- Yes       No       I Don't Know

**Previous Education:**

**(check all that apply and include requested info)**

- High School** (Name/Location): \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

- Community College** (Name): \_\_\_\_\_  
Dates of Attendance (or anticipated completion date): \_\_\_\_\_  
Area of Study: \_\_\_\_\_  
Degree Obtained (or anticipated): \_\_\_\_\_

- College/University** (Name): \_\_\_\_\_  
Dates of Attendance (or anticipated completion date): \_\_\_\_\_  
Area of Study: \_\_\_\_\_  
Degree Obtained (or anticipated): \_\_\_\_\_

- Post Graduate Study** (Name): \_\_\_\_\_  
Dates of Attendance (or anticipated completion date): \_\_\_\_\_  
Area of Study: \_\_\_\_\_  
Degree Obtained (or anticipated): \_\_\_\_\_

- Other Educational Programs** (Name): \_\_\_\_\_  
Dates of Attendance (or anticipated completion date): \_\_\_\_\_  
Area of Study: \_\_\_\_\_  
Degree Obtained (or anticipated): \_\_\_\_\_

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**Current Work Experience:**

Position: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place of Employment: \_\_\_\_\_  
# of hours worked per week: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (W) ( ) \_\_\_\_\_ Fax: (W) \_\_\_\_\_  
Email: (W) \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Work Experience:**

Previous Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Work or Volunteer Experiences:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Personal Essay**

Please type a brief essay (1-2 pages, double spaced) on separate paper and attach to your application. Print your full name on each page of the essay submission. In the essay, please introduce yourself; describe why you enjoy working in the long term care profession, and why you are good at working with seniors. Speak to your commitment to the profession, your passion for the work, and your abilities (traits/skills and characteristics) that make you the ideal candidate for this scholarship. Describe how you have demonstrated a commitment to quality in your work and how you have made a positive difference in the quality of life of the seniors you serve. Use specific anecdotes, life experiences and stories to illustrate your points.

**Letters of Recommendation**

At least one letter of recommendation is required from a current supervisor or senior manager within the long term care community in which you are working. Additional letters of recommendation from colleagues, academic professors/instructors, etc. may be submitted as well. **Letters must be mailed to OHCF by due date.**

- ◆ Letters of recommendation should speak to the candidates' qualities, skills and performance in their current position and personality traits, values and characteristics that would contribute to their success in the long term care profession they have identified as their goal.
- ◆ Letters must address the candidate's demonstrated interest in the long term care profession and speak to their commitment to quality in their work and describe how they have made a positive difference in the quality of life of the seniors they serve.
- ◆ Recommendation letters should also explain why the candidate would benefit from additional education/training and why the long term care profession would benefit from their continued service.

Letters from supervisors or managers of communities should be submitted on the official stationery of the facility, and must include the name of the reference both printed AND signed, their title, company, and the date the letter was written.

Additional letters may be submitted on personal stationery, must reference the relationship with the candidate, and colleagues should provide their current employment information including title and contact information.

References must include phone numbers and email addresses.

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Please initial the statements below and sign your name at the bottom.  
Please submit with your scholarship application.

- ◆ \_\_\_\_\_ I understand that by submitting this application I am applying for the **MARGARET MURPHY CARLEY FOR NURSING EDUCATION SCHOLARSHIP** and to the best of my knowledge I meet the criteria for this Scholarship described on page one of this application.
- ◆ \_\_\_\_\_ I agree that all information contained in this application is true and factual.

**If I receive the Margaret Murphy Carley Scholarship *For Nursing Education*,**

- ◆ \_\_\_\_\_ I commit to completing the education program for which the scholarship was awarded.
- ◆ \_\_\_\_\_ I agree to work in the field of long term care for at least three years after the completion of the academic program for which the scholarship is awarded, and to provide OHCF documentation of this fact.
- ◆ \_\_\_\_\_ I agree to submit documentation to OHCF upon completion of the current academic program for which the scholarship is awarded and to submit a brief summary of my experiences, including how my scholarship was used.
- ◆ \_\_\_\_\_ I agree to allow the Oregon Health Care Foundation to promote my award and use my image and the information contained in this application for that purpose.
- ◆ \_\_\_\_\_ If I am unable to fulfill these agreements for any reason, I agree to immediately repay OHCF the full amount of my scholarship award.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please use this checklist to make sure you include the required information.  
Eligible submissions must include **ALL** of the following:

- Completed pages 2-4 of this application form requesting basic education and work experience
- Personal essay submitted on a separate sheet of paper
- Appropriate Academic Records:
  - Enrolled Students:** most recent transcript with grades and program completion date
  - New Students:** A copy of an acceptance letter from a school or accredited program
  - Prospective Students:** A dated copy of your application or other documentation of your plan to enroll. (funds will only be sent upon submission of the acceptance letter from a school or accredited program)
- Letter of recommendation completed by a supervisory level representative
- Additional letters of recommendation (optional)
- Signed commitment of intention (page 6) with your agreement to work in the field of long term care for at least three years after the completion of the academic program for which the scholarship is awarded, along with submission of follow-up documentation and a summary of how the funds were used
- Complete application paper clipped together, not stapled**
- Application mailed to OHCF by May 14th**

**Applications not meeting the above criteria will not be considered.**

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