



Wendell White Scholarship *For Leadership in Management*

Criteria Information

The Wendell White Scholarship was established as a means to improve the expertise and quality of leadership in the long term care field by providing financial assistance for advanced education.

Candidates Must:

- ◆ Have attained a management position within long term care and have the potential for advancement into greater leadership roles and executive positions.
- ◆ Have an established career in long term care with a demonstrated ability and inclination to be in senior management and take on associated leadership positions within the profession.
- ◆ Be accepted or enrolled in an accredited post graduate program in a compatible field of study such as a Masters in Business Administration, Health Care Management, Organizational Leadership or other relevant degree program.

Successful candidates shall demonstrate the following through their application responses, essay and personal recommendations:

- ◆ Dedication to the long term care profession and high aptitude for excellence and quality in the field toward the implementation of best practices within the long term care environment to ensure quality of life for the residents of their community/communities.
- ◆ A commitment to and love of learning, a passion for their work with high expectations and work ethic, and the ability to lead, mentor and team build.

Please Note:

- ◆ Candidates not currently enrolled may be awarded, but scholarship funds will not be issued until proof of enrollment in an accredited program is submitted to OHCF.
- ◆ Scholarship funds may be used for payment of tuition and fees.
- ◆ 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.
- ◆ Up to a total of \$5,000 may be awarded annually. Awards may be made to one or more candidates and will be based on education program costs.
- ◆ Applicants must supply all information requested in this application. Incomplete applications **WILL NOT** be considered.

Please submit completed application by due date to:

Sara Keudell
Oregon Health Care Foundation
11740 SW 68th Parkway, Suite 250, Portland, OR 97223
Tel: 503.726.5238 Fax: 503.726.5259 skeudell@ohca.com
www.ohcfonline.org

2009 winter applications are due by November 13th.



Wendell White Scholarship

For Leadership in Management 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: _____

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

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: _____

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

Institution name/program title, cost, and location where you will seek enrollment upon receipt of a scholarship award: _____

(submit proof of acceptance with application– proof of enrollment will be required for the release of funds.)

Neither of the above. Please explain: _____



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Previous Education:

High School (Name/Location): _____
Graduation Date: _____

Community College: _____
Dates of Attendance (or anticipated completion date): _____
Area of Study: _____
Degree Obtained (or anticipated): _____

College/University: _____
Dates of Attendance (or anticipated completion date): _____
Area of Study: _____
Degree Obtained (or anticipated): _____

Post Graduate Study: _____
Dates of Attendance (or anticipated completion date): _____
Area of Study: _____
Degree Obtained (or anticipated): _____

Other Educational Programs: _____
Dates of Attendance (or anticipated completion date): _____
Area of Study: _____
Degree/Certification/Licensure Obtained (or anticipated): _____



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Current Work Experience:

Position: _____ Start Date: ____/____/____
Place of Employment: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Phone: (W) () _____ Fax: (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 Experience: _____

Volunteer Experience: _____



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Personal Essay

Please type a brief essay (1-2 pages) 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, why you are good at working with seniors and what about you makes you a leader and qualifies you for career advancement in management. 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. Use specific anecdotes, life experiences and stories to illustrate your points. Indicate why the education program you are pursuing will contribute to your leadership and management ability.

Letters of Recommendation

Two letters of recommendation are required. One letter should be from a current supervisor or senior manager within the long term care company/community in which you are working. The second letter should be from a colleague within the long term care community in which you are working. **Letters must be mailed to OHCF by November 13, 2009.**

- ◆ 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 management success in the long term care profession.
- ◆ Letters must address the candidate's demonstrated interest and commitment to the long term care profession and the attributes of leadership that the candidate uses in their daily work.
- ◆ 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.

Letters from colleagues may be submitted on personal stationery, but must reference professional association/specific work 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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Signed Commitment of Intention

Please initial the statements below and sign your name at the bottom.

Must be submitted with your scholarship application.

- ◆ _____ I understand that by submitting this application I am applying for the Wendell White Scholarship for Leadership in Management, 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 Wendell White Scholarship for Leadership in Management,

- ◆ _____ I commit to completing the education program for which the scholarship was awarded.
- ◆ _____ I 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.
- ◆ _____ 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
- Answers to four narrative questions as defined on page 5 of this application form
- 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
- Letter of recommendation completed by a supervisory level representative
- Letter of recommendation completed by a colleague
- Additional letters of recommendation (optional)
- Signed commitment of intention (page 7) with your agreement to work in the field of long term care for at least three years after the completion of the program for which the scholarship is awarded, along with submission of follow-up documentation and a summary of how the funds were used
- Application mailed to OHCF by November 13, 2009 due date**

Applications not meeting the above criteria will not be considered.

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