



General Studies Scholarship

Criteria Information

Candidates must meet at least one of the following criteria:

- ◆ Currently working in any long term care profession (such as nursing, health services, activities/life enrichment, dietary/dining services, social work, physical or occupational therapy, and residential or assisted living health care or facility management) with a desire to gain additional certification, licensure, or other degree through an accredited educational program in a field related to long term care.
- ◆ Enrolled or about to be enrolled in an educational program related to healthcare and seeking to work in long term care.

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, fees, books and/or supplies required to complete the education program as described in the application.
- ◆ General Studies Scholarships may be awarded per Scholarship cycle in the amounts of \$500 each, depending on recipient's 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 the deadline of 5 p.m on May 14, 2012

Attention: OHCF Scholarship Committee

Oregon Health Care Foundation

11740 SW 68th Parkway, Suite 250, Portland, Oregon 97223

Tel: 503.726.5260 Fax: 503.726.5259

www.ohcfonline.org



General Studies Scholarship Application

Pr̄gcuḡ'wug'j̄ k̄l'h̄n̄'cd̄ng'lt̄o "v̄q'eq̄o r̄rḡvḡ'cm̄l'q̄h̄'j̄ g't̄ gs̄ w̄guḡḡf 'l̄p̄l̄q̄t̄o c̄vk̄q̄p'q̄p'j̄ g'l̄q̄m̄q̄ȳ k̄p̄i "
******r̄cī gū."c̄pf 'l̄w̄do k̄'c̄p{ 'p̄ḡeḡuḡct{ 'c̄w̄cej̄o ḡp̄v̄u'd̄ḡh̄q̄t̄ g'j̄ g'l̄w̄do k̄uḡk̄q̄p'f̄ ḡc̄f̄ r̄k̄p̄ḡ0*

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ aaaa State: _____ aaaaa Zip: _____

Phone: _____ aaaaaa Gmail: aaaaaaaa _____

Uwf gpv'K̄ <aaaaaaaaaaaaaaaaaaaaaa "Preferred Way to Contact You:

R̄rḡcuḡ'lp̄en̄w̄f̄ g'j̄ k̄l'K̄ "q̄p'cm̄l'f̄ q̄ewō ḡp̄v̄u" { q̄w'l̄w̄do k̄'ȳ k̄j̄ 'j̄ k̄l'c̄r̄ r̄ n̄ēc̄vk̄q̄p

Are you currently working in LTC?

Yes: How long have you worked in LTC? _____ Years _____ Months

No: Describe why you are interested in a LTC career:

What education program are you pursuing?

CNA CMA RA LPN RN Admin

Marketing Life Enrichment Other: _____

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

Have you previously received an OHCF Scholarship?

"Yes: Date(s) received: _____ No

How you will use your scholarship funds, if awarded (ex. Tuition, fees, dq̄qm̄."c̄pf̄ l̄q̄t'lw̄r̄ r̄ ḡgu+

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

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Please fill in the requested information on these sheets

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: _____
**Udo k'r tqh'qhgpt qm gpy kj "crrkcvkp"*

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: _____
******Udo k'r tqh'qh'cegrv'peg'y kj "crrkcvkp" Rt qh'qhgpt qm gpy knld'g't gs w't gf O'*

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: _____

None of the above. Please explain:

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



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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): _____ "vq" _____

Area of Study: _____

Degree Obtained (or anticipated): _____

College/University (Name): _____

F cvgu'qh'Cvqpf cpeg'*qt'cpvkr cvgf "eqo r rnvqp"fcvg+<aaaaaaaaaaaaaaaaaaaaaa"vq"aaaaaaaaaaaaaaaaaaaaaa

Area of Study: _____

Degree Obtained (or anticipated): _____

Post Graduate Study (Name): _____

F cvgu'qh'Cvqpf cpeg'*qt'cpvkr cvgf "eqo r rnvqp"fcvg+<aaaaaaaaaaaaaaaaaaaaaa"vq"aaaaaaaaaaaaaaaaaaaaaa

Area of Study: _____

Degree Obtained (or anticipated): _____

Other Educational Programs (Name): _____

F cvgu'qh'Cvqpf cpeg'*qt'cpvkr cvgf "eqo r rnvqp"fcvg+<aaaaaaaaaaaaaaaaaaaaaa"vq"aaaaaaaaaaaaaaaaaaaaaa

Area of Study: _____

Degree Obtained (or anticipated): _____

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Current Work Experience:

Position: _____ aaaaaa Start Date: _____ aaaa

Place of Employment: _____

of hours worked per week: _____

Work Address: _____

City: _____ aaaaaaaaaa State: _____ Zip: _____

Phone: (W) _____ aaaaaaaa_ Fax: (W) _____

Email: (W) _____

Supervisor Name: _____ Email: _____ aaaaaaaa_

***If not currently working in long term care or a related field, please include a statement of interest in working in LTC in your personal essay**

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) of your own. 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. Use specific anecdotes, life experiences and stories to illustrate your points. Indicate why the education program you are pursuing will contribute to your success in the long term care profession.

Letters of Recommendation

At least one letter of recommendation is required from a current supervisor/manager, academic professor/advisor, or other person knowledgeable about your qualifications. Additional letters of recommendation from colleagues, academic 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 and commitment to the long term care profession.
- ◆ 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.



General Studies Scholarship Application

Signed Commitment of Intention

*****Rngcug"ej genlj g'ucvgo gpw'dgrny "cpf "uki p"{qwt"pco g'cv'j g'dqwqo 0"
Vj ku'r ci g'o wuv'dg"eqo r rgygf "hqt"{qwt"uej qmrtuj kr "cr r rkecvkqp"vq"dg"eqpukf gt gf 0

_____ I understand that by submitting this application I am applying for the **GENERAL STUDIES 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 General Studies Scholarship,

_____ 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:** _____



General Studies Scholarship Application

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 proof of enrollment in an academic program)
- Letter of recommendation completed by a current supervisor/manager, academic professor/ advisor, or other person knowledgeable about your qualifications
- 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 receipt of licensure, degree, or certification associated with the education program funded by the scholarship and to provide follow up documentation of this fact and a summary of how the funds were used.

All application materials must be submitted to OHCF by 5pm on May 14, 2012

Complete application may be submitted by email to cgrebin@ohca.com or mailed to the address below (packet paper clipped together, not stapled)

Applications not meeting the above criteria will not be considered.

Attention: Scholarship Committee
Oregon Health Care Foundation
Tel: 503.726.5260 Fax: 503.726.5259
11740 SW 68th Parkway, Suite 250, Portland, Oregon 97223
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