

Pinnacle Quality Insights Scholarship For Quality Care

Awarded annually, the Pinnacle Quality Insights scholarship is designed for applicants who are currently working in Long Term Care and desire to gain additional education to advance in their career.

Criteria Information

Candidates must:

- ◆ Be currently working in the field of long term care with a desire to gain additional education to advance their long term care career.
- ◆ Have been employed in long term care for a **minimum** of one year
- ◆ Have demonstrated a commitment to quality in their work and made a positive difference in the quality of life of the seniors they serve. **Candidates must provide compelling examples through the personal essay and letters of recommendation of how their work has improved the quality of life among seniors they care for.**
- ◆ Be licensed or unlicensed, but working toward certification, licensure or a degree in fields 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.

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 \$2,000 may be awarded annually. Awards may be made to one or more candidates and will be based on education 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 5p.m. on May 14, 2012

Attn: 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



Oregon Health Care Foundation

Pinnacle Quality Insights Scholarship
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Please use this fill-able form to complete all of the requested information on the following pages, and submit any necessary attachments before the submission deadline.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Student ID: _____ Preferred Way to Contact You: _____

Please include this ID on all documents you submit with this application

Are you currently working in long term care? Yes No

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

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

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:

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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: _____

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): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____

College/University (Name): _____

Dates of Attendance (or anticipated completion date): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____

Post Graduate Study (Name): _____

Dates of Attendance (or anticipated completion date): _____ to _____

Area of Study: _____

Degree Obtained (or anticipated): _____

Other Educational Programs (Name): _____

Dates of Attendance (or anticipated completion date): _____ to _____

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: _____

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) and submit with your application. Print your full name and Student ID 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 peak 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.



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Signed Commitment of Intention

Please check the statements below and sign your name at the bottom.
This page must be completed for your scholarship application to be considered.

_____ I understand that by submitting this application I am applying for the **PINNACLE QUALITY INSIGHTS SCHOLARSHIP FOR QUALITY CARE** 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 PINNACLE QUALITY INSIGHTS SCHOLARSHIP FOR QUALITY CARE,

_____ 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.

Name: _____

Signature: _____ **Date:** _____



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Checklist

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 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.

Oregon Health Care Foundation
Tel: 503.726.5260 Fax: 503.726.5259
11740 SW 68th Parkway, Suite 250, Portland, Oregon 97223
www.ohcfonline.org