



Indiana Health Care Foundation
2010 Scholarship Application
LPN and/or RN Accredited Bachelor and Associate Degree Programs

ELIGIBILITY:

To be considered for an IHCF scholarship, the applicant must:

- Reside in the State of Indiana
 - Possess a high school diploma or GED
 - Be accepted to an LPN or RN accredited degree program
 - Attend an in-state (or border state¹) post-secondary school, such as a University or Technical College
 - Have a GPA of 2.5 or higher on a 4.0 scale
 - Return completed application with school transcripts, three letters of recommendation and essay to IHCF by the May 14 deadline
 - Agree to a personal interview at the IHCF offices in Indianapolis when contacted by IHCF
- **Students pursuing a career to work with the elderly in a long-term care environment.**
- **Individuals related to a member of the IHCF Board of Directors are ineligible**

IMPORTANT NOTICE:

IHCF requires the following information to be submitted with your completed application postmarked by May 14, 2010. No exceptions will be made.

- ✓ Three Letters of Recommendation
- ✓ Essay (as noted on the application form)
- ✓ A clear photocopy of your high school or college transcripts, including SAT or ACT scores.

Failure to provide all requested information will result in disqualification. Completed application and all required materials must be mailed to the following address:

Indiana Health Care Foundation
Dorothy Henry, Executive Director
One N. Capitol Avenue, Suite 100
Indianapolis, IN 46204
317/ 636-6406
www.ihca.org

¹ Border states include the states of Illinois, Michigan, Ohio and Kentucky. All applicants must be residents of the State of Indiana.

Do you have your letter of acceptance into the nursing program? Yes _____ No _____

If no, when do you anticipate receiving notice? _____

Start/Started Date (mm/dd/yy) _____ Anticipated graduation date? (mm/dd/yy) _____

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ / _____ Fax: _____ / _____

Contact: _____ Title: _____

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Academic Information

High School _____

City, State _____ Cumulative GPA (on 4.0 scale) _____

GED Score _____ ACT/SAT Score _____

College _____

City, State _____ Cumulative GPA (on 4.0 scale) _____

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Special Training/Awards/Volunteer Work (additional pages accepted)

List any special training related to long-term care or other field of health care

Name of local newspaper(s) _____

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What other scholarships have you applied for/or-received monies from? Please list amount for each.

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Essay Questions

On a separate page, please write an essay that covers each of the following points. Your essay should be typed. Please limit your response to 750 words.

- Why you are applying for this scholarship.
- Your interest in nursing.
- Your future professional plans and commitment to long-term care.

Finalists will be asked to Indianapolis in June to take part in a personal 30-minute interview.

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References: (please list the three references whose letters of recommendation are attached)

Reference 1:

NAME: _____

TITLE: _____

RELATIONSHIP TO CANDIDATE: _____

Reference 2:

NAME: _____

TITLE: _____

RELATIONSHIP TO CANDIDATE: _____

Reference 3:

NAME: _____

TITLE: _____

RELATIONSHIP TO CANDIDATE: _____

Please ask references to submit to you a letter of reference to be attached to your application. The letter should be on the individual's company letterhead if appropriate and should describe why you would be a worthy recipient of an IHCF scholarship, addressing such areas as level of maturity, sensitivity to people's needs, a known commitment to the elderly or to long-term care, the ability to communicate, and leadership abilities.

This reference page along with the letters of recommendation should be submitted with your completed application form and your school transcripts. Letters of Recommendation sent without applications will not be considered.