Multiple $3,995 HFA/RCA Scholarships Available

Indiana Health Care Foundation (IHCF) and Success Development, inc. applaud individuals who are dedicated to advancing their career through continued education. IHCF is accepting scholarship applications from individuals pursuing educational training for Health Facility Administrator/Residential Care Administrator licensure course offered by Success Development, inc. September 22 – October 30, 2020 (four days per week, Tuesday thru Friday) in Indianapolis, IN. Applicants must agree to attend the entire course in order to be considered for the scholarship funds. Failure to complete the course will require the recipient to reimburse the IHCF for the scholarship funds.

To be considered for an IHCF and Success Development, inc. Health Facility Administrator/Residential Care Administrator Scholarship, the applicant must:

- Reside in the State of Indiana
- Possess a High School Diploma or its Equivalent and a minimum of 18 years of age
- Agree to attend the Health Facility Administrator/Residential Care Administrator Course provided by Success Development, inc. in Indianapolis, Indiana on September 22 – October 30, 2020. (Sept. 22 – Oct. 16 for RCAs)
- Acknowledge that the course would be a time commitment equivalent to a full-time job – for the period of 4 or 6 weeks plus study time – and made appropriate arrangements, including approval by your facility administrator or direct supervisor.
- Have an employment history that reflects management or leadership skills
- Have a passion to work with the elderly or disabled populations
- Return completed application with transcripts from the highest level of degree completed, three letters of recommendation, and an essay to IHCF by the May 3, 2020 deadline
- Agree to personal interview in Indianapolis if and when requested by IHCF

Individuals related to a member of the IHCF Board of Directors or Success Development, inc. are ineligible.

IMPORTANT NOTICE:
IHCF requires the following information to be submitted online by May 3, 2020. Failure to provide all requested information will result in disqualification.

- Completed Application Form
- Three Professional Letters of Recommendation - one of which must be from a current Employer
- Essay (as noted on the application form)
- A clear photocopy of high school or college transcript (whichever is higher level completed)

Application forms are available on the IHCF’s website at: https://www.ihca.org/workforce-scholarships/

Completed applications and supplemental information should be submitted online by May 3 at: https://ihcaincal.users.membersuite.com/home and click “Engagement Hub”

Questions? Contact Emily Berger, IHCF Executive Director at eberger@ihca.org or 317-616-9036.
Individual education scholarships will be awarded based upon the information provided by the applicant. Applicants must possess a minimum high school diploma or its equivalent and agree to attend the Health Facility Administrator/Residential Care Administrator Course provided by Success Development, inc. in Indianapolis, Indiana on September 2–October 30, 2020. (Sept. 22 – Oct. 16 for RCAs only).

Completed applications and supplemental information should be submitted online by May 3 at: https://ihcaincal.users.membersuite.com/home and click “Engagement Hub”

Questions? Contact Emily Berger, IHCF Executive Director, at eberger@ihca.org or 317-616-9036.

Applicant Information (Please type or print in ink)

Name: ____________________________________________________________________________________

(Last)                       (First)                              (Initial)

Permanent address: _________________________________________________________________________

City: _________________________________   State: _______   Zip Code: __________________________

By checking the following, I verify that I am at least 18 years old.

Daytime Phone: _____/___________      Evening Phone: _____/___________    Email:  _____

Academic Information

What is your highest level of degree completed? ____________________________________________

High School Attended: __________________________________________  _____________________________

City, State: __________________________________________

College Attended: __________________________________________  _________________________________

City, State: __________________________________________

Dates Attended: (mm/yy)____________   2/yr Degree Earned: (y/n) ___   4/yr Degree Earned: (y/n) __

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

List any special training and volunteer experience in your community.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Complete Employment History (additional pages accepted)

Current Employer:  

Employer Address:  

City:  _________________________________   State:   _______   Zip Code:   __________________________  

Phone:   _____ / ________________________   Fax:   _________ / __________________________________  

Present Position: __________________________  Date Started:   _____/ ____ / _____  

Immediate Supervisor:  

Will your employer allow you time off to attend the HFA/RCA course on Sept. 22 – October 30, 2020 (Sept. 22 – Oct. 16 for RCAs)?  

Yes ______  No ______  

Do you understand that the course would be a time commitment equivalent to a full-time job – for the period of 4 or 6 weeks plus study time – and you would need to make schedule arrangements that would promote a rewarding learning experience? Yes _____  No _____  ---- If yes, Please explain your plan to take the course while being employed. 

___________________________________________________________________________________________  

___________________________________________________________________________________________  

Does your employer offer tuition assistance or tuition reimbursement?  Yes _____  No _____  

Previous Employer:  

Employer Address:  

City:  _________________________________   State:   _______   Zip Code:   __________________________  

Phone:   _____ / ________________________   Date Started:   ____ / ___ / ___   Date Ended:   ___ / __ / __  

Position or Job Held:  

Immediate Supervisor:  

Previous Employer:  

Employer Address:  

City:  _________________________________   State:   _______   Zip Code:   __________________________  

Phone:   _____ / ________________________   Date Started:   ____ / ___ / ___   Date Ended:   ___ / __ / __  

Position or Job Held:  

Immediate Supervisor:  

Previous Employer:  

Employer Address:  

City:  _________________________________   State:   _______   Zip Code:   __________________________  

Phone:   _____ / ________________________   Date Started:   ____ / ___ / ___   Date Ended:   ___ / __ / __  

Position or Job Held:  

Immediate Supervisor:  

Previous Employer:  

Employer Address:  

City:  _________________________________   State:   _______   Zip Code:   __________________________  

Phone:   _____ / ________________________   Date Started:   ____ / ___ / ___   Date Ended:   ___ / __ / __  

Position or Job Held:  

Immediate Supervisor:  


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 1000 words.

- Describe your work and leadership experience, include volunteer experience in your community
- Describe your interest in working with the elderly and chronically ill and long-term care
- Describe your expectations and vision as an Administrator in a residential or long-term care facility

Finalists may be asked to come to Indianapolis in May to take part in a 30-minute interview at the discretion of the IHCF Scholarship Committee.

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

Reference 1 – Current Employment:
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 a Success Development, Inc. and 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, that reflects good leadership and advocacy skills. This reference page, along with the letters of recommendation, should be submitted online with your completed application. Letters of recommendation sent without applications will not be considered.

Completed applications and supplemental information should be submitted online by May 3 at: https://ihcaincal.users.membersuite.com/home and click “Engagement Hub”