Indiana Health Care Foundation
2020 Nursing Scholarship Application
Available for students pursuing their LPN or RN (including ASN or BSN degree programs)

Multiple scholarships available ranging from $1,000 - $5,000 dependent upon merit, need and demand.

Indiana Health Care Foundation (IHCF) applauds individuals who are dedicated to advancing their career through continued education. IHCF is accepting scholarship applications from individuals pursuing educational training for LPN/RN Bachelor or Associate degrees.

ELIGIBILITY: To be considered for an Indiana Health Care Foundation (IHCF) Nursing 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
- Be able to provide documentation showing current acceptance or enrollment in a LPN or RN (either ASN or BSN) degree program accredited in the State of Indiana for the Summer or Fall of 2020.
- Have a GPA or 2.5 or higher on a 4.0 scale
- Have a passion to work with the elderly or disabled populations
- Return completed application with transcripts from the highest level of degree completed, three professional letters of recommendation, and an essay to IHCF by the May 3, 2020 deadline.
  - Transcripts should be included to verify education indicated on the application. Unofficial transcripts are excepted.
  - Copy of completed 2020 FAFSA (Free Application for Federal Student Aid) form.
  - Essay should include, but not be limited to, your passion, experience, reason for wanting/needing the scholarship, future career goals in relation to caring for the elderly or disabled populations, and why you deserve to receive the scholarship. Special consideration will be given to those who have previous experience in a long term care setting who wish to continue working within the long term care professional upon completion of their degree.
  - Professional letters of recommendation should include at least one from a current or former direct supervisor.
- Agree to personal interview in Indianapolis in late May.
- Individuals related to a member of the IHCF Board of Directors are ineligible.

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

- Three Professional Letters of Recommendation - one of which must be from a current or former direct supervisor
- Essay (as noted on the application form)
- Copy of completed 2020 FAFSA (Free Application for Federal Student Aid) form.
- A clear photocopy of high school or college transcript (whichever is higher level completed)
- Copy of acceptance or enrollment into a LPN or RN accredited degree program for Summer 2020 or Fall 2020 semesters.

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.
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2020 Nursing Scholarship Application
Available for students pursuing their LPN or RN (including ASN or BSN degree programs)

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 have current acceptance or enrollment in a LPN or RN accredited degree program for the Summer 2020 or Fall 2020 semesters.

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 complete? ______________________________________________________

High School Attended: __________________________________________  _____________________________
City, State: __________________________________

Current College or University: _________________________________________________________________

City, State: __________________________________

Which of the following are you currently pursuing: _____ LPN         _____ ASN          _____ BSN

What was your enrollment date for this program? ___________    What is your expected graduation date? ___________

How many credit hours do you have left to complete your degree? __________

What is your semester tuition/cost-per-credit-hour? __________

Do you currently receive an Federal Student Aid or other scholarship support? __________

Other Colleges or Universities You Have Attended: __________________________________________________

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

Other Colleges or Universities You Have Attended: __________________________________________________

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.

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Complete Employment History (additional pages accepted)

Current Employer: __________________________________________________________________________

Employer Address: __________________________________________________________________________

City: ______________________________   State: _______   Zip Code: __________________________

Phone: ______ / ________________________   Fax: _________ / __________________________________

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

Immediate Supervisor: _______________________________________________________________________

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: _______________________________________________________________________

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 healthcare 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 a nurse in a residential or long-term care facility

Finalists will be asked to come to Indianapolis in May or early June to take part in a 30-minute interview.
References: Please list the three professional references (i.e. supervisor, volunteer coordinator, etc.) 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 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 that reflects good customer service and clinical skills.

This reference page, along with the letters of recommendation, should be submitted with your completed application. Letters of recommendation sent without applications will not be considered.

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