2020 Indiana Health Care Foundation
Nurse Aide Program Director & Instructor Training Seminar Scholarship

Multiple $300 Nurse Aide Program Director & Instructor Training Seminar Scholarships Available

The Indiana Health Care Foundation (IHCF) applauds individuals who are dedicated to advancing their career through continued education and actively seeks to increase the number of Certified Nurse Aides in Indiana by training greater numbers of qualified nurses to serve as CNA Program Directors and Instructors. IHCF is accepting scholarship applications from individuals pursuing educational training in order to serve as a certified nurse aide program director or program instructor. Applicants must meet the requirements to serve as a nurse aide program director or instructor as noted in the Administrative Standards for the Indiana State Department of Health Nurse Aide Training Program. Applicants will receive financial support to attend the ISDH-approved training hosted by the IU School of Nursing or Ivy Tech Community College as scheduled in various locations throughout the state.

To be considered for an IHCF Nurse Aide Program Director & Instructor Training Seminar Scholarship the applicant must:
- Reside in the State of Indiana.
- Be a Registered Nurse or Licensed Practical Nurse licensed and in good standing in the State of Indiana.
- Agree to attend one of the IUPUI School or Nursing/ISDH or Ivy Tech Community College/ISDH training seminars in Indianapolis, IN or other locations throughout the state.
- Demonstrate an employment history that reflects management or leadership skills
- Demonstrate a passion to work with the elderly or disabled populations
- Demonstrate a passion to train and educate future long term care employees
- Return completed application with three letters of recommendation, an official or unofficial transcript for the highest degree completed, and an essay to IHCF. This scholarship is available on a rolling basis. Applications must be received at least 30 days prior to the date of the class you wish to attend.
- Individuals related to a member of the IHCF Board of Directors are ineligible.

IMPORTANT NOTICE:
IHCF requires the following information to be submitted online at least 30 days prior to the date of the class you wish to attend. 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 college transcript (official or unofficial)
- Proof of active Indiana unrestricted LPN/RN license

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 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.
2020 Indiana Health Care Foundation
Nurse Aide Program Director & Instructor Training Seminar Scholarship Application

Individual education scholarships will be awarded based upon the information provided by the applicant.

Completed applications and supplemental information should be submitted online at least 30 days prior to the course you wish to attend. Submit your application online 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: _______ _________

Licensure Information

Check one:   _____ LPN       _____ RN

Academic Information

What is your highest level of degree complete? ______________________________________________________

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: ____________________________________________________________

Supervisor Approval: If you will be attending this course while employed at your current or future employer, you must include the signature of your supervisor/facility administrator. If you will not be attending the course while employed, or there is an extenuating circumstance for the committee to be aware of, please note that below and further explain in your essay.

Supervisor/Facility Administrator’s Name: ______________________________________ Email: ________________________________

Signature:______________________________________ Date:_________________________

Extenuating Circumstance:________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
___________________________________________________________________________________________

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 leadership experience, specifically related to training others.
- Describe your interest in becoming a nurse aide program instructor or director.
- Describe your passion for working with the elderly and chronically ill.

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

Professional References: (please list the three professional 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 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 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 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.