



**Indiana Health Care Foundation
2019 Nursing Scholarship Application
Available for students pursuing their LPN or RN (including ASN or BSN degree programs)**

**2019 Indiana Health Care Foundation
LPN/RN Bachelor or Associate Degree Scholarship Award**

- **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. The recipient will be notified by May 20.

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 in a LPN or RN (either ASN or BSN) degree program accredited in the State of Indiana for the Fall 2019 Semester.
- 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 **April 5, 2019** deadline.
 - Transcripts should be included to verify education indicated on the application. Unofficial transcripts are excepted.
 - Copy of completed [2019 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 April or early 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 April 5, 2019. 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 [2019 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 into a LPN or RN accredited degree program for Fall 2019 Semester

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 by April 5, 2019:

<https://bit.ly/2GnnQDB>

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

**Indiana Health Care Foundation
2019 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 in a LPN or RN accredited degree program for the Fall 2019 Semester. Scholarship recipients will be contacted on or before May 20.

Completed applications and supplemental information should be submitted online at by April 5, 2019:

<https://bit.ly/2GnnQDB>

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)___

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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 _____

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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: _____
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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 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.

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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.

**Completed applications and supplemental information
should be submitted online via the link below by **April 5, 2019:****

<https://bit.ly/2GnnQDB>