



## 2019 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 one of three training seminars hosted by the [IUPUI School of Nursing in partnership with ISDH in Indianapolis, IN](#) on either Tuesday, May 21 or Tuesday, August 27. This seminar is offered in two parts. Both parts are required to successfully complete the training. Part 1 is a one-day, in-person training on the IUPUI Campus. Part 2 is an online course that will take an average computer user about 2–3 hours to complete.

#### 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 three IUPUI School or Nursing/ISDH training seminars in Indianapolis, IN on either Tuesday, May 21 or Tuesday, August 27.
- 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 transcripts from the highest level of degree completed, three letters of recommendation, and an essay to IHCF by the **April 5, 2019** deadline.
- **Individuals related to a member of the IHCF Board of Directors are ineligible.**

#### IMPORTANT NOTICE:

**IHCF requires the following information to be submitted online by April 5, 2019. 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 by April 5, 2019:  
<https://bit.ly/2CX7Y7S>

Questions? Contact Emily Berger, IHCF Executive Director, at [eberger@ihca.org](mailto:eberger@ihca.org) or 317-616-9036.



**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 \_\_\_\_\_

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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 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.

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**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 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 by  
April 5, 2019: <https://bit.ly/2CX7Y7S>**

**Questions? Contact Emily Berger, IHCF Executive Director, at [eberger@ihca.org](mailto:eberger@ihca.org) or 317-616-9036.**