



- Up to two scholarships available.

#### ELIGIBILITY:

To be considered for an Indiana Health Care Foundation Scholarship, the applicant must:

- Possess a High School diploma or higher and a minimum of 18 years of age
- Possess an active U.S. unrestricted license in one of the following professions: LPN/LVN, RN, NP, OT/PT/PTA, MD/DO/DPM/PA
- Agree to attend the Wound Management Certification Course provided by the Wound Care Education Institute in March 18-22, 2019 in Indianapolis, OR April 1-5, 2019 in Cincinnati, OH.
- Agree to complete the National Alliance of Wound Care and Ostomy (NAWCO) exam as required in Indianapolis, or Cincinnati on the final day of each class session noted above.
- Demonstrate a passion to work with the elderly and/or disabled populations, as evidenced by work history and application essay.
- Return completed application with college transcripts, three letters of recommendation, and an essay to IHCF by the **February 15, 2019** deadline.
- Agree to personal interview in Indianapolis or by phone if and when requested by IHCF.

#### Supplemental Application Materials:

- Transcripts should be included to verify education indicated on the application.
- Essay should include, but not be limited to, your passion, experience, desire for the certification, the impact this certification will have in your healthcare career goals, reason for wanting/needing the scholarship, and why you deserve to receive it
- Professional letters of recommendation should include at least one from a direct supervisor.
- Provide proof of active U.S. unrestricted license in one of the qualifying areas.

**Individuals related to a member of the IHCF Board of Directors are ineligible.**

#### IMPORTANT NOTICE:

**IHCF requires the following information to be submitted via the online application portal with the completed application by February 15, 2019. Failure to provide all requested information will result in disqualification.**

- ✓ Three Professional Letters of Recommendation (one from a direct supervisor)
- ✓ Essay (as described above)
- ✓ A clear photocopy of college transcripts. Transcripts do not have to be official.
- ✓ Proof of active U.S. unrestricted license in one of the qualifying areas.

**Late submissions will be not accepted.**

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 February 15, 2019.**

<https://bit.ly/2CcqY0m>

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



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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: \_\_\_\_\_

Will your employer allow you time off to attend the Wound Management Certification course?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your employer offer tuition assistance? 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: \_\_\_\_\_  
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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 wound-certified professional in a residential or long-term care facility

Finalists may be asked to schedule a 30-minute in-person or phone interview with the IHCF Scholarship Committee at the discretion of the committee.  
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References: (please list the three professional references whose letters of recommendation are attached)

Reference 1 – Current Employment:

NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

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 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.

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed applications and supplemental information should be submitted online at by February 15, 2019.**

Click here to submit your application: <https://bit.ly/2CcQY0m>

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

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