



2017 Indiana Health Care Foundation Pharmacy Scholarship – Up to \$2,500 available

The Indiana Health Care Foundation (IHCf) applauds individuals who are dedicated to advancing their career in long term care or the care of the aged and chronically ill through continued education. IHCf is accepting scholarship applications from licensed pharmacists or pharmacy trainees (e.g., residents, fellows, and graduate students) with experience or interest in long term care settings who are pursuing educational training (higher education or continuing education) related to practicing pharmacy in a long term care setting.

Applicants may apply for up to \$2,500 to be used toward one of the following education types:

- Tuition toward a semester of schooling at an accredited pharmacy program within the State of Indiana
- Registration fees and/or travel expenses related to a continuing education or certification program specific to geriatric pharmacy or the practice of pharmacy in a post-acute/long term care setting.

The scholarship recipient will be required to formally apply for acceptance to the program separately from this scholarship application and must meet the eligibility requirements of the specific education program. Scholarship funds will be dispersed to the credentialing body or academic institution on the recipient's behalf once they have been formally accepted. **The recipient must register for their specified program no later than October 1, 2017 or, if seeking funds for tuition, be enrolled in the Fall 2017 semester.**

Eligibility: To be considered for an Indiana Health Care Foundation Antimicrobial Stewardship Certificate Scholarship for Pharmacists, the applicant must meet the following criteria:

- Hold current active Pharmacist licensure in the State of Indiana OR currently be enrolled in a pharmacy residency, fellowship or graduate school program in Indiana.
- Have a passion to work with the elderly or disabled populations
- Return a completed scholarship application with a photocopy of current IN pharmacist license/transcripts/letter of employment, letters of recommendation, and essay by **July 14, 2017**.
- Agree to a phone interview or personal interview in Indianapolis if and when requested by IHCf
- **Individuals related to a member of the IHCf Board of Directors are ineligible.**

Supplemental Application Materials: IHCf requires the following information to be submitted via the online application portal with the completed application by **July 14 2017**. Failure to provide all requested information will result in disqualification. **Late submissions will be not accepted.**

- Transcripts should be included to verify education indicated on the application.
- Essay should include, but not be limited to, your passion and experience as they relate to long term care, the impact this certification will have in your healthcare career goals, reason for wanting/needing the scholarship, and why you deserve to receive it.
- Three professional letters of recommendation (at least one from a direct supervisor and at least one from an a reference that can speak to the applicants interest in long term care pharmacy and/or experience working with the geriatric population).
- Provide proof of active Indiana pharmacist license, or proof of employment/enrollment as a pharmacy resident, fellow or graduate student. If you are a current student seeking tuition for Fall semester 2017, please provide proof of enrollment with an expected graduation date.
- If applying for a scholarship toward registration fees and/or travel for continuing education or a certification program, please provide details about the program and all associated expenses, i.e. a copy of the registration form and fees, and a budget for travel expenses such as airfare, mileage, hotel stay, and meal allowance.

The scholarship award amount is up to \$2,500 and the amount given to recipients is at the discretion of the IHCf scholarship committee. Applicants can apply for any amount up to \$2,500.

Application forms are available on the IHCf's website at:
<http://www.indianahhealthcarefoundation.org/pages/Scholarship/>

Completed applications and supplemental information should be submitted online by July 14, 2017 at:
<https://app.smartsheet.com/b/form?EQBCT=40e20d8ea16f482cbf9842201d57f5f4>



2017 Indiana Health Care Foundation Pharmacy Scholarship

Individual scholarships will be awarded based upon the information provided by the applicant. Applicants must meet criteria as specified. Scholarship recipients will be contacted on or before August 4, 2017 by IHCF.

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Applicant Information (Please type or print in ink)

Name: _____
(Last) (First) (Middle 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: _____

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I am applying for (please check one):

Tuition toward a semester of schooling at an accredited pharmacy program within the State of Indiana.

Name of school/program: _____

Expected graduation date: _____

Registration fees and/or travel expenses related to a continuing education or certification program specific to geriatric pharmacy or the practice of pharmacy in a post-acute/long term care setting.

Name of program: _____

Date(s) of program or certification: _____

Program location: _____

Scholarship Amount Requested (up to \$2,500): _____

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Academic Information

High School: _____

City, State: _____

Graduation Date: (mm/yy) _____ Degree Earned: _____

College Attended: _____

City, State: _____

Graduation Date: (mm/yy) _____ Degree Earned: _____

Additional Education (if applicable):

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Special Training/Awards/Volunteer Experience (additional pages accepted)

List any special training, awards and volunteer experience.

- Transcripts should be included to verify education indicated on the application.
- Provide proof of active Indiana pharmacist license, or proof of employment/enrollment as a pharmacy resident, fellow or graduate student. If you are a current student seeking tuition for Fall semester 2017, please provide proof of enrollment with an expected graduation date.
- If applying for a scholarship toward registration fees and/or travel for continuing education or a certification program, please provide details about the program and all associated expenses, i.e. a copy of the registration form and fees, and a budget for travel expenses such as airfare, mileage, hotel stay, and meal allowance.



Complete Employment History (additional pages accepted)

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ Fax: _____ / _____

Present Position: _____

Date Started: _____

Immediate Supervisor: _____

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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 healthcare and volunteer experience
- Describe your passion for the elderly or disabled populations and reason for wanting/needing the scholarship
- Describe your future career goals within long term care and why you deserve to receive the scholarship



Professional References: Please list the three professional references whose letters of recommendation are attached.

Professional Reference 1:

NAME: _____

TITLE: _____

RELATIONSHIP TO CANDIDATE (ex: Supervisor): _____

Professional Reference 2:

NAME: _____

TITLE: _____

RELATIONSHIP TO CANDIDATE: _____

Professional 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 professionalism, sensitivity to people's needs, a known commitment to the elderly or to long-term care, and reflection of good service and advocacy skills.

This reference page, along with the three 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 by **July 14, 2017** at:
<https://app.smartsheet.com/b/form?EQBCT=40e20d8ea16f482cbf9842201d57f5f4>