



- **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 November 26-November 30 at the Holiday Inn Indianapolis Airport, 8555 Standsted Dr. Indianapolis, IN 46241
- Agree to complete the National Alliance of Wound Care and Ostomy (NAWCO) exam as required in Indianapolis, Indiana on November 30, 2018
- 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 **August 31** 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 August 31, 2018. 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:
<http://www.indianahealthcarefoundation.org/pages/Scholarship/>

Completed applications and supplemental information should be submitted online at by August 31, 2018:
<https://bit.ly/2znjZ6Q>

Questions? Contact Emily Berger, IHCF Executive Director, at 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 on October 16-20, 2017?
Yes _____ No _____

Does your employer offer tuition assistance? 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 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.

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