



**2018 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 Thursday, May 24, Tuesday, August 28, or Tuesday, November 13. 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 Thursday, May 24, Tuesday, August 28, or Tuesday, November 13.
- 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 **March 30, 2018 deadline (for May 24 class); June 29, 2018 deadline (for August 28 class); or September 30, 2018 deadline (for November 13 class)**
- **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 the deadlines posted above. 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:
<http://www.indianahealthcarefoundation.org/pages/Scholarship/>

Completed applications and supplemental information should be submitted online at by March 30, 2018 deadline (for May 24 class); June 29, 2018 deadline (for August 28 class); or September 30, 2018 deadline (for November 13 class: <http://bit.ly/2slnq13>)

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

2018 Indiana Health Care Foundation Nurse Aide Program Director & Instructor Training Seminar Scholarship Application

Individual education scholarships will be awarded based upon the information provided by the applicant. Scholarship recipients will be contacted on or before May 1, 2018. **Completed applications and supplemental information should be submitted online at by March 30, 2018 deadline (for May 24 class); June 29, 2018 deadline (for August 28 class); or September 30, 2018 deadline (for November 13 class):**

<http://bit.ly/2slnql3>

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

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: _____

Licensure Information

Check one: _____ LPN _____ RN

Academic Information

What is your highest level of degree complete? _____

High School Attended: _____

City, State: _____

College Attended: _____

City, State: _____

Dates Attended: (mm/yy)_____ 2/yr Degree Earned: (y/n)___ 4/yr Degree Earned: (y/n)___

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

List any special training and volunteer experience in your community.

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 one-day course?

Yes _____ No _____

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 **March 30, 2018 deadline (for May 24 class); June 29, 2018 deadline (for August 28 class); or September 30, 2018 deadline (for November 13 class): <http://bit.ly/2slnql3>**

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