Miami Valley Long Term Care Association

Scholarship Application
Attach a current resume, including work history and education.

Name: _____
(First) (Last)

Address _____

City _____ State_____ Zip _____

Telephone _____ e-mail _____

Facility Name _____

School Information
Verification of application for enrollment **MUST** be included with application. Applications will not be considered without verification. Please include a current class schedule.

Are you currently taking classes in a state approved program? Yes No

Start Date _____Type of Program ❒RN ❒LPN ❒AIT ❒Licensed Social Worker

❒PT/PTA ❒OTR/COTA ❒SLP ❒Activity Director ❒Dietitian/Dietary Manager

Name of School _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Contact Person _____Title _____

Annual Income _____ Dependents Yes No

Are you receiving any other scholarships/ grants/ loans? Yes No

If yes, please describe _____

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Essay Questions
Please write a brief paragraph on each of the following questions. All essays should be written legibly or typed. Please limit your responses to 200 words or less for each question.

1. Describe why you are applying for this scholarship?

2. Describe your interest and your future professional goals in long-term health care.

3. Share any other information or circumstances that you feel would qualify you for an education scholarship.

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Recommendation Form

The Miami Valley Long Term Care Association is proud to offer a Scholarship Program to its members. Through this scholarship, financial assistance will be provided to the recipient. It would be greatly appreciated if you would complete this form on behalf of the applicant and place it in a sealed envelope. All recommendations will be kept confidential. All applicants must submit a total of two (2) recommendations from the following individuals: Facility Administrator OR Director of Nursing AND immediate supervisor. **Other recommendations will not be considered.**

Name of applicant _____

Name of reference _____

Title of reference _____

Name of Facility _____ Telephone # _____

How long has applicant worked at facility? _____

Please rate the following:

	Low		Average		High
Maturity	1	2	3	4	5
Sensitivity of Resident Needs	1	2	3	4	5
Commitment to long term health care	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Leadership	1	2	3	4	5
Overall recommendation	1	2	3	4	5

Comments

_____

_____

_____