

Washington Foundation for Long Term Care

303 Cleveland Avenue SE, Suite 206 ▪ Tumwater, Washington 98501 ▪ Tel. (360) 352-3304 Fax (360) 754-2412

Scholarship Program

MISSION

Washington Foundation for Long Term Care is a non-profit organization dedicated to promoting improvement and encouraging high standards of professionalism in long-term health care through education and research. In all its endeavors, the foundation strives to demonstrate its concern for and commitment to the future of long-term care.

ORGANIZATION

The Foundation is established and organized by the members of the Washington Health Care Association (WHCA), the professional association of nursing homes, boarding homes, and businesses in Washington State. The organization exists primarily to provide scholarship opportunities for WHCA member employees to pursue education advancements in areas related to long-term care. It is exempt from federal income tax under Section 501 (3) of the Internal Revenue Code. The affairs of the Foundation are governed by its board of directors, who are to be named pursuant to the bylaws of the Foundation. A selection committee is comprised of persons unrelated to the foundation, WHCA or its members. The board supervises the Foundation's activities, delegating administration responsibilities to the WHCA staff.

GOALS AND OBJECTIVES

The Foundation's primary goal is to support educational advancements in the long-term health care field, to promote quality care for the elderly and to improve their quality of life. Its programs are designed to ensure ongoing professional and industry-wide growth and development, and to increase public awareness of the profession. **The scholarship funds are only available to WHCA member employees working at any level of any department in a skilled nursing facility or assisted living community.**

- To award scholarships to deserving students pursuing **educational training in long-term care.**
- To pursue the development of curricula and post-secondary courses in long-term health care through accredited colleges and universities that are also tax exempt.
- To sponsor training and/or educational programs and workshops for the benefit of the long-term care profession and the residents it serves.
- To contribute towards research conducted by tax-exempt organizations aimed at improving treatment and curing illnesses and diseases of the elderly.

CRITERIA

The Washington Foundation for Long-Term Care endeavors to demonstrate its commitment to the future of long-term care by awarding scholarships to current employees of WHCA member facilities. Candidates who are presently enrolled, or who have applied or intend to apply for enrollment in courses of study related to long-term health care is given consideration for scholarship. Decisions of the selection committee are based upon:

- Nomination of candidates by a facility that is a **member in good standing of the Washington Health Care Association.**

- Candidates will be selected based on distinction or demonstration of the following:
 - Tenure in facility
 - Record of work performance (dependability, initiative, teamwork)
 - Potential of higher achievement
 - Maturity
 - Sensitivity
 - Commitment
 - Leadership

Only fully completed applications will be considered. Please check to see that:

- All items on the Facility Representative's Nomination Form have been answered;
- All items on the Nominee's Form have been answered;
- A copy of the nominee's letter of acceptance, proof of enrollment, or application for enrollment in a long-term care related program of study is included;
- The required letters of recommendation from the appropriate individuals have been completed (see page six of the application form), and
- All documents are submitted in one envelope to the:

**Washington Foundation for Long-Term Care
303 Cleveland Avenue SE, Suite 206
Tumwater, Washington 98501**

SELECTION COMMITTEE

All complete applications will be reviewed and the Foundation's Selection Committee will determine the number of scholarship recipients and amounts of scholarships awarded to each candidate. The Selection Committee is comprised of legislators, educators and/or other long-term care professionals. The Foundation's Board of Directors may appoint additional Selection Committee members. Members of the Selection Committee will be totally unrelated to, and independent from, the Foundation and WHCA.

The Foundation will provide information and application forms to each WHCA facility annually. There is no limit on the number of applications that can be submitted from each facility. Selections will be made in April of each year in order to allow sufficient time for the selected applicant to enroll in approved classes or programs by the beginning of the fall session or at a later time as appropriate during the first year consistent with the schedule of course offerings.

FINANCIAL SUPPORT

The Foundation receives its support from individual health care professionals, long term care facilities, and organizations, residents and families in nursing facilities or boarding homes, the manufacturers of products used in long term health care facilities and the general public.

Tax-deductible contributions to the Foundation may be made in several ways including endowments, trusts and bequests, and through special fund-raising events sponsored by the Foundation. Contributions in any amount are gratefully received and acknowledged by the Foundation.

Award letters will be provided in April 2010, with presentation of the awards at the WHCA annual convention in May at the Davenport Hotel in Spokane. Disbursement of money will take place after proof of coursework registration, and not until June 1, 2010. All monetary awards must be used by May 31, 2011.

FIELD OF STUDY:

Please check the field of study for which you are requesting scholarship assistance:

- Nursing, as:
 - Registered Nurse
 - Associate
 - B.S.N.
 - M. S.
 - Licensed Practical
- Administration: _____
(Please indicate degree or certification to be earned)

- Other Services (Please indicate degree or certification to be earned)
 - Rehabilitation Therapy: _____
 - Social Services: _____
 - Activities: _____
 - Dietary: _____
 - Records Administration: _____
 - Other: _____

EDUCATION:

Please circle highest level of education earned to date:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Please elaborate: _____

High school or equivalency (GED)

(Name of School)

(City) (State) (Zip Code)

Scholastic history:

Overall grade point average: _____ on a scale of: _____

Ranking in graduating class: _____ Size of graduation class: _____

College or university:

(Name and Location) (Credit hrs. completed) (Degree) (Date conferred)

(Name and Location) (Credit hrs. completed) (Degree) (Date conferred)

Overall grade point average: _____ on a scale of: _____

Other types of formal education, such as facility training/certification programs (example: Nurse Aide Certification Program).

Name and Location of School Classroom Hrs. Degree, Diploma or Certificate Date

Have you been accepted in a training program for the field of study that you checked? () Yes () No

If yes, please indicate where: _____
(Name of School)

(Street Address) (City) (State) (Zip Code)

When does your training begin? _____

FINANCIAL NEED:

Please describe your current financial need, commenting on the impact a Foundation scholarship will have on you.

Estimate annual cost of study in your field of study (Include tuition, fees, books, etc): _____

EMPLOYMENT:

Please list your employment positions (*including summer and part-time positions*) beginning with the present:

Position Company: Date of Employment:

Please describe your interest in long-term care commenting on your involvement to date in nursing homes and/or assisted living community settings: _____

How have you personally and professionally benefited from your experiences in long-term care, and what unique challenges do you believe this field holds? _____

Describe three career goals and how you plan to accomplish them. _____

I certify that all the information contained herein is true and correct.

(Signature)

(Date)

REQUIRED LETTERS OF RECOMMENDATION

All Foundation scholarship nominees are required to submit letters of recommendation that shall accompany their application. These letters of recommendation must be from individuals other than the facility representative who completes the Facility Nomination Form. One letter must be from the nominee's immediate supervisor, unless that supervisor is the facility's representative who completes the Facility Nomination Form, in which case the Facility Nomination form will suffice. If the nominee is currently a student, one letter must be from the nominee's academic advisor or counselor. One additional letter of recommendation from an individual of the nominee's choice must also be submitted.

**WASHINGTON FOUNDATION FOR LONG TERM CARE
FACILITY NOMINATION FORM
(TO BE COMPLETED BY A FACILITY REPRESENTATIVE WHO IS KNOWLEDGEABLE ABOUT
THE APPLICANT'S WORK HISTORY AND PERFORMANCE)**

Complete answers must be given to all items in order to guarantee consideration of the application. A complete application includes: (1) the Facility Nomination Form, (2) the Scholarship Candidate Application Form with a copy of the nominee's letter of acceptance, proof of enrollment, or application for enrollment into the course of study, and (3) three required letters of recommendation. The applicant must send all items in one envelope to the Selection Committee of the Washington Foundation for Long Term Care, 303 Cleveland Avenue SE, Suite 206, Tumwater WA 98501.

(Type or print in black ink only please)
Please give a complete answer to each question

(Name of Nominee) Male () Female ()

(Home Address) (City) (State) (Zip)

(Home Telephone)

Do you support this nominee as a candidate for the Foundation Scholarship? () Yes () No

The nominee is presently enrolled as a () Freshman () Sophomore () Junior () Senior at:

(School Name and Address)

and will graduate in _____

(Month and Year)

Commitment to Resident () Low () Average () High () No Opinion

Interest in LTC Career () Low () Average () High () No Opinion

Maturity () Low () Average () High () No Opinion

Sensitivity () Low () Average () High () No Opinion

Leadership () Low () Average () High () No Opinion

Communication Skills () Low () Average () High () No Opinion

Financial Need () Low () Average () High () No Opinion

(Please turn, and complete the back portion)

