



# Tennessee Health Care Education Foundation

## 2023 Scholarship Application

For THCA use only:
Previous recipient _____
Amount awarded _____
District _____

If you have two years or more of long-term care experience, are working full time or part time in a THCA/TNCAL member facility as an employee of the facility, and are committed to the long-term care profession and ready for the next level of academic achievement as it relates to long-term care, the Tennessee Health Care Education Foundation (THCEF) wants to assist you in your educational endeavors.

### READ CAREFULLY BEFORE COMPLETING

Scholarship period covers the summer 2023 term through the spring 2024 term. Scholarship funds apply only to tuition, books, and school fees. Complete answers must be given to all items to guarantee consideration of the application. A complete application includes: (1) the 2023 Scholarship Application with verification that the nominee has either applied, been admitted, or is enrolled in an approved course of study, (2) a letter from the applicant's immediate supervisor, (3) the Facility Nomination Form completed by the administrator, (4) course of study admission and/or enrollment forms, (5) official transcripts from all schools listed in application. **All** items must be sent in one envelope to the Board of Directors of the Tennessee Health Care Education Foundation, 5120 Virginia Way, Suite A21, Brentwood, TN 37027 and be postmarked by **Friday, April 14, 2023**.

### Type or print in BLACK INK ONLY

Please give a **complete** answer to each question. Write "**none**" where appropriate.

1. If you are awarded a THCEF scholarship, do you pledge to practice in a THCA/TNCAL member facility for at least one year after completing your course of study? ( ) Yes ( ) No

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

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

3. I understand that if I am selected as a scholarship recipient, quotes from my application may appear in press releases sent to media outlets. With this signature, I authorize the publication of this information in materials developed by THCA for public distribution.

Date: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

### Applicant Checklist. Did you:

- ☐ Type or print everything in black ink?
- ☐ Fill out all items? (Applications with incomplete answers will not be considered.)
- ☐ Include copies of application, admission form or enrollment form in an approved course of study?
- ☐ Include letter of recommendation from immediate supervisor (if different from administrator)?
- ☐ Include official transcripts (high school, college, etc.), test scores and/or other evidence of academic experience?

All of the above is required to be eligible for consideration.

**Applications must be postmarked by Friday, April 14, 2023.**

### REQUIRED LETTERS OF RECOMMENDATION

All foundation scholarship nominees are required to submit a letter of recommendation on facility or company letterhead from their immediate supervisor, which must accompany the application in order to be eligible for consideration. The letter from the nominee's immediate supervisor is in addition to the "Facility Nomination Form" (located on page 4) that the facility administrator must complete. For example, if the nominee currently works in the nursing department, a letter of recommendation from the facility's director of nursing must accompany the application – in addition to the "Facility Nomination Form" being completed by the facility administrator. If the immediate supervisor is the facility administrator, then the "Facility Nomination Form" portion of the application will suffice. **Do not submit additional letters of recommendation other than what is required.**

**APPLICANT'S PERSONAL DATA**

1. \_\_\_\_\_  
 Applicant's Last Name First Middle Maiden

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Age Month/Day/Year

3. \_\_\_\_\_  
 Applicant's Address City State Zip

\_\_\_\_\_  
 Applicant's Telephone

4. \_\_\_\_\_  
 Facility Name City State

**\*Immediate supervisor:** \_\_\_\_\_  
**(Must have accompanying letter of recommendation, unless your immediate supervisor is the facility administrator.)**

**COURSE ENROLLMENT**

5. Check one:  
☐ I have applied for admission at: ☐ I have been accepted for admission at: ☐ I am currently enrolled at:

Name of School \_\_\_\_\_

\_\_\_\_\_  
 Address City State Zip

Name of program to which the applicant has been accepted: \_\_\_\_\_

Course of Study ☐ LPN ☐ RN ☐ MSN ☐ Other, explain \_\_\_\_\_  
☐ Dietary ☐ Social Work ☐ Recreation Therapy

Expected date of graduation \_\_\_\_\_

For RN applicants, what was your National League for Nursing (NLN) score? \_\_\_\_\_

For LPN applicants, what was your Nurse Entrance Exam (NET) score? \_\_\_\_\_

**(PLEASE ATTACH COPIES OF ADMISSIONS AND/OR ENROLLMENT FORMS)**

**SCHOLASTIC HISTORY**

6. High School		Date Conferred	Grade Point Average*
_____	Diploma or GED (circle one)	_____	_____
Name and location			

  

7. Higher Education (Please include OFFICIAL transcripts for schools listed)	Credit Hours	Certificate or Degree	Date Conferred	Grade Point Average*
_____	_____	_____	_____	_____
Vocational/Technical School				
_____	_____	_____	_____	_____
College/University				

  

8. Other types of formal education, such as facility training/certification programs or technical training (example: Nurse Aide Certification Program)	Credit Hrs.	Certificate or Degree	Date	Grade Point Average*
Name and Location of Training/Program				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Required information

9. Please list any additional school/college programs in which you have participated in the last five years. **Please include transcripts even if you did not complete the program.**
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**EMPLOYMENT HISTORY**

*Note: To be considered, applicants must have been employed for **at least** two years in long-term care by April 2023.*

10. Facility: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Facility: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Other Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_
11. Total number of years employed in long-term health care \_\_\_\_\_

**FINANCIAL NEED**

12. Are you a previous recipient of a THCEF scholarship? ☐ Yes\* ☐ No  
Please list all years and amounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please attach (a) school transcript(s) for the year(s) that you received a THCEF scholarship.

13. Please describe your financial need below.
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**LONG-TERM CARE INTEREST AND GOALS**

14. Please explain the reasons behind your interest in long-term care, commenting on your involvement to date with nursing homes and assisted care living. How have you benefited from this involvement, both personally and professionally? Describe your career goals and plans to accomplish them. (Please limit to 150 words, use additional paper if needed.)
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15. Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No If yes, please explain.
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**Applicants will be awarded accordingly for completeness and neatness. If all questions are not completed, application will not be considered.**

# Facility Nomination Form

(To be completed by administrator)

To be considered, an applicant must have been employed for at least two years in long-term care by April 2023.

(Type or print in black ink only)

Please give a **complete** answer to each question.

1. \_\_\_\_\_  
Nominee's Last Name First Middle

2. \_\_\_\_\_  
Name of Nominating THCA Member Facility Telephone

\_\_\_\_\_  
Facility Address

3. How long has this person been employed at the facility? \_\_\_\_\_

4. Is the applicant an employee of the facility (not a staffing agency)? \_\_\_\_\_ YES \_\_\_\_\_ NO

5.	LOW	AVERAGE	HIGH	NO OPINION
Commitment to residents	_____	_____	_____	_____
Interest in long-term care career	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Sensitivity	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____
Financial need	_____	_____	_____	_____
Probability of scholastic achievement	_____	_____	_____	_____

In the space below, or on an attached sheet of paper, describe briefly why you believe this applicant would be a worthy recipient of a Tennessee Health Care Education Foundation scholarship. (Please limit to 150 words.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. All items (see "Applicant Checklist" on page 1) must be sent in one envelope to the Tennessee Health Care Education Foundation Board of Directors, 5120 Virginia Way, Suite A21, Brentwood, TN 37027 and must be postmarked by Friday, April 14, 2023.

Name of Administrator Completing this Form (Printed) \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

Administrator's email: \_\_\_\_\_