



New Hampshire Long Term Care Foundation  
*Quality Through Education*

# Scholarship Application 2020-2021





### Scholarship Application Information

The LTCF scholarship is open to all areas of long-term care: residential care facilities (assisted living facilities) and nursing facilities. We encourage all specialties of long-term care to apply for scholarships. In the past scholarships have been awarded to individuals pursuing a career in business administration, nursing, therapies, activities, and many others.

Scholarships must be used towards tuition and/or books.

If you are interested in applying for a scholarship you must meet the following criteria:

- Currently working in a long-term care setting in New Hampshire.
- Must currently be enrolled in or have received notification of acceptance into an institute of higher education.
- Scholarships will only apply to the 2020 (fall) - 2021 (spring) academic year.
- You must have a desire to better yourself, further your education, and pursue a career in long-term care.

Scholarship applications will be accepted no later than June 12, 2020, 4:00pm EST. Applications can be hand delivered or mailed to: NHHCA, Attn: NHLTCF, 5 Sheep Davis Road, Suite B, Pembroke, NH 03275. All completed applications will be reviewed by a qualified, impartial committee.

All of the information that you need to successfully complete an application is available on the LTCF website: <http://lpcf.nhhca.org>. If you have additional questions, please contact us via email [lpcf@nhhca.org](mailto:lpcf@nhhca.org) or phone 603.226.4900.

#### Scholarship Application Timetable:

Application Availability	March 1, 2020
Application Deadline	June 12, 2020
Applicant Notification begins	August 3, 2020
Scholarship Distribution	September 30, 2020

#### Scholarship Application Checklist:

Before submitting an application, please check to make sure of the following:

- Application is complete and accurate
- Application and all attachments are legible
- Application and all attachments are paper clipped not stapled in the following order:
  - Scholarship application (pages 1—4)
  - Current resume (if applicable)
  - Essay (maximum of 3 pages))
  - Three (3) Recommendation forms from any of the following: Administrator, Director of Nursing, Nursing or direct supervisor, school instructor. **One MUST be from your direct supervisor.**
  - Copy of School Transcript (if currently enrolled) or Acceptance Letter (if a new student)
- Application is signed and dated

If hand delivering the application, please note that the office hours are: Monday—Friday 8:00am—4:00pm

When mailing an application please address the envelope to:

NHHCA  
Attn: NHLTCF  
5 Sheep Davis Road  
Suite B  
Pembroke, NH 03275



**Scholarship Application Important Information:**

Application will be considered incomplete or ineligible if the application:

- Is illegible (please be sure to print neatly or type answers)
- Is not signed and dated
- Is faxed or e-mailed (only mailed or hand delivered applications will be accepted)
- Is received later than June 12, 2020, 4:00pm (must be received by 06/12/20 not post marked by 6/12/20)
- Does not include 3 (three) recommendation forms in signed and sealed envelopes
- Does not include a copy of applicants' current school transcript OR school acceptance letter

**Scholarship Application Review Process:**

Once received, all applications are compiled and distributed to the LTCF Board members. On average the LTCF receives over 100 applications. Each application is reviewed by one or more members of the application review committee. Committee members will review the applications using some of the following information:

- Individual's demonstration of personal growth and development through working in long-term care.
- Individual's potential to make a difference in long-term care.
- Individual's sense of direction in future education goals.
- Individual's commitment to long-term care.
- Academic records of the individual.
- Expressed financial need of individual.
- Evaluation of the individual's performance based on recommendation forms.

**Scholarship Application Notification of Acceptance or Rejection:**

All applicants will be notified of scholarship acceptance or rejection no later than Friday, August 21, 2020. Applicants that are chosen to receive a scholarship will be notified by phone and will also receive a congratulatory letter from the New Hampshire Long Term Care Foundation. Applicants that were not chosen to receive a scholarship will be notified by mail. Please do not contact the LTCF office to check the status of your application before August 24, 2020.

Please note that in order to receive your scholarship, you must be employed by a long-term care facility within the state of NH at the time of scholarship distribution in September. If you change your employment status with your employer OR change your employer, you must inform the LTCF via email at [lcf@nhhca.org](mailto:lcf@nhhca.org) or via mail to the NHLTCF at the address below. The LTCF Board will consider this change and determine continued eligibility to receive the scholarship.

It is the responsibility of the individual receiving a scholarship to notify their institution of higher education of their awarded aid. Letters with awarded amount will be distributed to all chosen recipients; this letter may be used to notify your institution.

**Scholarship Distribution:**

Scholarships awarded will be distributed at the Annual Long-Term Care Foundation Scholarship Dinner and Celebration on September 30<sup>th</sup>, 2020. Individuals chosen to receive a scholarship are required to attend the Annual Scholarship Dinner and Celebration, where each recipient will be honored for their commitment to long-term care and will receive the scholarship check made out to their institute of higher education. Please note that to receive your scholarship, you must be employed by a long-term care facility within the state of NH at the time of scholarship distribution in September. If you change your employment status with your employer OR change your employer, you must inform the LTCF via email at [lcf@nhhca.org](mailto:lcf@nhhca.org) or via mail to the NHLTCF at the address below. The LTCF Board will consider this change and determine continued eligibility to receive the scholarship.

Please contact the LTCF office if you have any questions regarding the application: 603-226-4900 or [lcf@nhhca.org](mailto:lcf@nhhca.org).

**Section 1: Personal Information**

Applicant Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ home/cell/work (circle one)

E-mail Address (please print clearly): \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Year \_\_\_\_\_

**Section 2: Employment Information**

Current Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Current Position/ Title: \_\_\_\_\_

How long have you been in this position? \_\_\_\_\_

How long have you worked in LTC? \_\_\_\_\_

**Work Experience (or enclose a current resume)**

Employer Name	Position Held	Employer City/State	FT or PT	Year From/To	

**Section 3: Past Education**

	Name:	State:	Graduation Year OR Dates Attended:	Select One:
High School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical School				<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
College/ University				<input type="checkbox"/> Certification <input type="checkbox"/> Other: _____
College/ University				<input type="checkbox"/> Certification <input type="checkbox"/> Other: _____

**Section 4: Current OR Planned Education (for which you are seeking this scholarship)**

School/College Name: \_\_\_\_\_

Address City & State: \_\_\_\_\_

Date Classes Start: Month \_\_\_\_\_ Year \_\_\_\_\_

Anticipated Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Please check appropriate choices:

School type:      4 year college    2 year college    Vocational/ Tech    Other

Student status:    Freshman        Sophomore        Junior            Senior

Enrollment:        Full-Time        Half-Time (6+ credits)    Less than Half-Time

I am enrolled in a degree program for:     RN\_\_ LPN\_\_ Other\_\_

Please specify program: \_\_\_\_\_  
\_\_\_\_\_

I am pursuing an:    Associate Degree    Bachelor's Degree    Other \_\_\_\_\_



## Section 5: Finance

**Please note information in this section is on 2020-2021 academic year and not full education cost**

What is the cost of your tuition for Fall 2020 – Spring 2021: \$ \_\_\_\_\_

Will you have any other scholarships or grants? Y/N. If Yes, how much? \$ \_\_\_\_\_

Will you have any aid from your employer? Y/N. If Yes, how much? \$ \_\_\_\_\_

Your total unmet needs for Fall 2020-Spring 2021 are: \$ \_\_\_\_\_

If you are not selected to receive a scholarship, how do you intend make up the difference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 6: Essay

**Please write an essay on separate paper (maximum of 3 pages) that tells us why the LTCF should offer you a Scholarship. Please address one or more of the following questions in your essay:**

1. Why did you choose to work in Long Term Care?
2. What qualities, skills, or talents do you have to offer in this profession?
3. Where do you see yourself in 5 years?
4. How will you use your education to improve long-term care?
5. Tell us about something you are proud of at work.
6. Tell us anything else that you think it is important for us to know.

## Section 7: Recommendations

**Please include three (3) Recommendations from any of the following:** Administrator, Director of Nursing, Nursing or direct supervisor, school instructor.

**At least one recommendation MUST be from your direct supervisor.**

**ALL RECOMMENDATIONS MUST USE PROPER FORM AND BE PLACED IN A SEALED ENVELOPE WITH SIGNATURE ACROSS THE SEAL OF THE ENVELOPE BY THE PERSON COMPLETING THE FORM.**

All recommendation envelopes (3) must be included with your application.



### Section 8: Current Transcript or Acceptance Letter

**Please include a copy of your current school transcripts (if already enrolled in school) or acceptance letter (for new student).**

### Section 9: Application Disclosure

Have you previously applied for a NH Long Term Care Foundation Scholarship?

Yes       No

If yes, when? \_\_\_\_\_

Have you ever received a Long Term Care Foundation Scholarship?

Yes       No

If yes, when? \_\_\_\_\_ Amount? \_\_\_\_\_

\*Disclosing the above information will not automatically qualify/disqualify you from receiving a scholarship.

### Section 10: Signature

- By signing this application, I certify that all information provided in this application is true and accurate to the best of my knowledge.
- If selected to receive a scholarship I agree to have my name and photograph published for promotional purposes.
- I understand that to receive a scholarship, I must be employed by a long-term care facility in the state of NH at the time of scholarship distribution in October.
- I understand that it is my responsibility to inform the LTCF if my employment status changes between when my application is submitted and the disbursement of the scholarships. (via email to [lctf@nhhca.org](mailto:lctf@nhhca.org) OR via mail to the address below)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the applicant had assistance filling out this application please provide the name and relationship of the assistant:

**Print Assistant Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

***Must be completed by Administrator, Director of Nursing, Nursing or direct supervisor, or school instructor***

Name of Applicant:

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Your Name:

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Your Title:

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Your Company/Organization:

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Your relationship to applicant:

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Please check one of the following for each answer. We appreciate any and all comments that you may provide.

<b><u>Attendance/Time Management</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Standard</b>
Attendance	( )	( )	( )	( )
Time Management	( )	( )	( )	( )
Hands in work in a timely manner	( )	( )	( )	( )

Comments:

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**The applicant as a learner:**

Shows desire to learn	( )	( )	( )	( )
Shows Initiative/Creativity	( )	( )	( )	( )
Works well independently	( )	( )	( )	( )
Works well on team projects	( )	( )	( )	( )

Comments:

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**Customer Service / Communication**

Communication Skills

Peer to Peer	( )	( )	( )	( )
Participation in group discussions	( )	( )	( )	( )

Comments:

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**Strengths and Contributions:**

1. Why do you recommend this individual to be a scholarship recipient?

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2. What contribution do they bring to your organization/class?

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3. What do you feel are this applicant's strengths?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: PLEASE PLACE THIS REFERENCE IN AN ENVELOPE, SEAL, SIGN YOUR NAME ACROSS THE SEAL, AND GIVE BACK TO APPLICANT.  
THANK YOU.**

***Must be completed by Administrator, Director of Nursing, Nursing or direct supervisor, or school instructor***

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Comments:

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