



2019 Ira O. Wallace Scholarship

Please fill in the shaded areas

Name

Permanent Address

City State Zip

Telephone Number Email

Number of years as a Kentucky resident

Date of Birth

How long have you been employed in long term care?

List employment history in long term care – list current employer first.

Facility Name	Dates (From – To)	Position
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Are you currently enrolled in an academic institution? Yes No

If yes, please provide the following information:

School Name:

Current Academic Status: (select one)

Graduate student Senior Junior Sophomore Freshman

Cumulative G.P.A.

Major:

What do you expect to be your highest degree attained?

- If currently enrolled in an academic institution, attach a copy of your most recent transcript and proof of current enrollment.
- If you are not currently enrolled in an academic institution, attach a copy of your letter of acceptance from the college/university you plan to attend.

2019 IRA O. WALLACE SCHOLARSHIP APPLICATION

List the names of those who will be submitting letters of recommendation on your behalf. A minimum of two recommendations are required. If the applicant is currently enrolled in a college/university, one letter must be from the department head in the program of your major. If the applicant is currently working in long term care, one recommendation must be from the immediate supervisor. No more than four letters of recommendation may be submitted.

- 1.
- 2.
- 3.
- 4.

Are you currently receiving any other scholarships or financial aid? Yes No

If yes, from whom and in what amount?

On a separate sheet of paper (which is to be attached to this application), please provide the following information (additional sheets of paper may be used if necessary):

1. Describe briefly why you are applying for this scholarship.
2. Describe briefly your interest in your chosen field of study.
3. Describe your future professional plans and commitment to long term care.
4. Provide any educational background and/or applicable work experience.
5. Outline your current goals and how you plan to utilize this scholarship to attain these goals.

DATE: _____ SIGNATURE: _____

Deadline for receipt of applications is Friday, April 19, 2019

Return to: Kentucky Health Care Foundation, Inc.
Attention: IOW Scholarship Selection Committee
9403 Mill Brook Road
Louisville, KY 40223