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**Scholarship Application Process**

**2018 Kentucky Health Care Foundation Scholarship**

The Kentucky Association of Health Care Facilities (KAHCF) is the trade association that represents proprietary and nonproprietary long term care facilities throughout the Commonwealth. The mission of the **Kentucky Health Care Foundation** is to *enhance quality care through research, educational opportunities, innovation, and partnership as supported by charitable contributions*.

Starting in 1989, the **Kentucky Health Care Foundation (KHCF)** has awarded scholarships to deserving employees in the long term care profession based on their academic achievements and commitment to quality care. **Beginning in 2014, individuals pursuing degrees other than to nursing will be considered for scholarships.** The Kentucky Health Care Foundation scholarships are awarded to employees of member facilities and applicants are judged on their professional qualifications, commitment to the profession and by letters of recommendation.

The Kentucky Health Care Foundation scholarship was established to encourage the education of long term health professionals in Kentucky. **An applicant must be a Kentucky resident who is planning a career in long term care and, at the time the award is made, be employed at a KAHCF member facility.** Scholarship recipients must be enrolled in or accepted by a college, university, health care institution or other educational organization offering state approved courses. Scholarships will be paid directly to the educational institution to cover expenses incurred for tuition, books or course-related fees. The amount of the scholarship has been $2,000 in the past, but is reviewed annually.

**How to apply:**

* Submit applications to: Kentucky Health Care Foundation

 9403 Mill Brook Road

 Louisville, KY 40223

* Applications must be received in the KHCF office by **Friday, April 13, 2018**
* Scholarship recipients will be notified of the KHCF Board’s decision during the summer of 2018. Scholarship funds will be available immediately upon award, and recipients will be recognized at the KAHCF Quality Awards Banquet in November.
* For questions or for more information, contact the Kentucky Health Care Foundation at (502) 425-5000.



***Scholarship Application – Applicant Information***

**Please type the following information into the form provided below.**

**Student Information:**

Name       Date

Home Street Address

City       State KY Zip Code

Work Phone #       Work E-mail

Home Phone #       Home E-mail

**Facility Information:**

Facility

Facility Administrator

Department Head

Title

Work Phone #

Work Fax #

Work E-mail

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***Scholarship Application – Institution Information***

**Please type the following information into the form provided below.**

Please check only one of the following, if applicable:

**[ ]  I am currently enrolled** in an accredited college nursing program.

Program name

**[ ]  I have been accepted** into an accredited college nursing program.

Program name

**[ ]  I have been** **accepted** into a non-nursing accredited college educational program.

Program Name

Anticipated Date of Graduation

College/Institution

College Address

City       State       Zip

College/Institution       Contact       Title

Phone       Fax       E-mail

**If selected to receive a scholarship, funds will be paid directly to the educational institution shown above. Scholarship funds will be available immediately after notification that the scholarship was awarded up until one (1) year from the date of the award. It should be noted any unused funds will lapse and revert back to the Foundation.**

I hereby verify that the above information is true and accurate to the best of my knowledge and I agree to submit proof of the same should such information be requested. I further agree that any scholarship funds awarded on my behalf from KHCF will be used to further my education in an applicable long term care discipline program.

Applicant’s Signature Date



***Scholarship Application – Questionnaire***

**Please type the answers to the following information provided below. Use additional sheets if necessary. Please limit each answer to 100 words or less.**

1. How long have you worked in long term care?

1. How long have you worked at your current facility?

1. Briefly describe your major job responsibilities.

1. Briefly describe why you are applying for this scholarship and how your past experience makes you a qualified candidate.

1. Briefly describe your interest in your chosen field of study.

1. Provide any educational background and/or applicable work experience.

1. Briefly describe your financial need, if any.

1. Outline your current goals and how you plan to utilize this scholarship to attain these goals.

1. Describe your future plans and commitment to long-term care.

**Attach two (2) letters of recommendation**