



2020 Ira O. Wallace Scholarship

The ***Ira O. Wallace Scholarship*** was created in 1993 in memory of Ira O. Wallace, the founding president of the Kentucky Association of Health Care Facilities (KAHCF). It honors Mr. Wallace for his vision, determination and unselfish work performed for the long term care profession. The scholarship is administered by the Kentucky Health Care Foundation, Inc. (KHCF). The mission of the Kentucky Health Care Foundation is to enhance quality care in the long term care continuum through research, education, innovation and partnerships, as supported by charitable contributions. The Kentucky Association of Health Care Facilities is the trade association that represents proprietary and nonproprietary long term care facilities throughout the Commonwealth.

The Ira O. Wallace scholarship was established to encourage the education of long term care health professionals in Kentucky. **Applicants must be a Kentucky resident who is planning a career in long term care administration and currently employed at a KAHCF member facility or corporate office.** Scholarship recipients must be enrolled in or accepted by a college, university, health care institution or other educational organization offering state approved courses concerning or related to long term health care administration. 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 is determined by the IOW Committee.

How to apply:

- Nominations must be received in the KHCF office by **July 17, 2020**
- Scholarship recipients will be notified of the Selection Committee's decision after June 30th, and will be recognized at the KAHCF Awards Banquet in November.
- For more information, contact the Ira O. Wallace Selection Committee - Angela Porter at (502) 425-5000, 306



2020 Ira O. Wallace Scholarship Application

Please print or type the following information:

Name _____
(last) (first) (middle)

Permanent Address _____

City _____ State KY 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 |
|---------------|-------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you currently enrolled in an academic institution? _____ Yes _____ No

If yes, please provide the following information:

School Name: _____

Current Academic Status: (circle 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.

If selected to receive a scholarship, funds will be paid directly to the educational institution shown above. It should be noted that scholarship funds will be available one (1) year from the date of the award of the scholarship and any unused funds will revert back to the Foundation.



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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 24, 2020

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