



Scholarship Application Process

2020 Kentucky Health Care Foundation Scholarship

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*. The Kentucky Association of Health Care Facilities (KAHCF) is the trade association that represents proprietary and nonproprietary long term care facilities throughout the Commonwealth.

Beginning 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. **It should be noted individuals pursuing degrees other than 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 be employed at a KAHCF member facility or enrolled in school.** Scholarship applicants must be enrolled in or accepted by a college, university, health care institution or other educational organization offering state approved courses. If not employed by a KAHCF member facility, scholarship applicants currently enrolled must obtain a faculty member recommendation letter. 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 **July 17, 2020**
- Scholarship recipients will be notified of the KHCF Board's decision the summer of 2020. Scholarship funds will be available immediately upon award, and recipients will be recognized by KAHCF in the Fall of 2020.
- 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 _____

Home Phone # _____ Work E-mail _____

Home Phone # _____ Home E-mail _____

Facility/Educational Institution Information:

Facility _____

Facility Administrator _____

Educational Institution _____

Title _____

Work Phone # _____

Work Fax # _____

Work E-mail _____

Educational Institution _____

Faculty Recommendation _____



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?
2. How long have you worked at your current facility?
3. Briefly describe your major job responsibilities.
4. Briefly describe why you are applying for this scholarship and how your past experience makes you a qualified candidate.
5. Briefly describe your interest in your chosen field of study.
6. Provide any educational background and/or applicable work experience.
7. Briefly describe your financial need, if any.
8. Outline your current goals and how you plan to utilize this scholarship to attain these goals.
9. Describe your future plans and commitment to long-term care.
10. If currently working at a facility, attach two (2) professional letters of recommendation – one must come from your Administrator or Director of Nurses at your facility. If currently a student, please attach one (1) letter of recommendation from a faculty member at your educational institution.